Before he became the initiator of the surrealist movement, André Breton (1896–1966) studied medicine and worked as a student in several hospitals and as a stretcher bearer at the front during World War I. There he became interested in psychiatric diseases such as hysteria and psychosis, which later served as a source of inspiration for his surrealist writings and thoughts, in particular on automatic writing. Breton worked under Joseph Babinski at La Pitié, nearby La Salpêtrière, and became impressed by the 'sacred fever' of the famous neurologist. In this article, we describe the relationship between Breton and Babinski and try to trace back whether not only Breton's psychiatric, but also his neurological experiences, have influenced surrealism. We hypothesize that Breton left medicine in 1920 partly as a consequence of his stay with Babinski.

Keywords: André Breton; Joseph Babinski; surrealism; history; hysteria; psychosis

‘Our brains are dulled by the incurable mania of wanting to make the unknown known, classifiable…’

André Breton, First Manifesto of Surrealism, 1924

‘Beauty will be convulsive or will not be at all.’

André Breton, Nadja, 1928

Introduction

André Breton, the founder of the surrealist movement, studied medicine from 1913 to 1920. He had ‘chosen medicine as a kind of lesser evil’ (Polizzotti, 1995), but during his medical study he became intrigued by psychiatry and psychiatric diseases such as hysteria, psychosis and paranoia (Becker, 2000; Rabaté, 2003). The influences of psychiatry and psychoanalysis on surrealism and especially those of Sigmund Freud on Breton have been explored in many studies (Kaplan, 1989; Becker, 2000; Drèze,
2003; Rabaté, 2003; Chevrier, 2007; Esman, 2011). Freud is mentioned several times in Breton’s First Manifesto of Surrealism, published in 1924 (Breton, 1924).

Psychiatry and neurology had not been fully separated everywhere in the first decades of the 20th century. The emergence of neurology as a separate discipline had started among others with the work of Jean-Martin Charcot. Joseph Babinski, one of his pupils, played a major role in this development. As Babinski met Breton on several occasions, and as he is also mentioned in Breton’s First Manifesto of Surrealism, an influence of Babinski on Breton is likely.

Little is published on the influence of the neurological way of thinking on Breton. Here, we describe the relationship between Breton and Babinski, with special emphasis on possible associations between neurology and surrealism.

Breton and neuropsychiatry

Breton was born in 1896 in Tinchebray (Normandy) and started to study medicine in 1913, although he had already developed a passion for poetry (Polizzotti, 1995; Drèze, 2003). Soon he had to serve in World War I and felt ‘flung into a cesspool of blood, mud, and idiocy’ (Polizzotti, 1995) (Fig. 1). In 1916 he worked as a medical orderly in Nantes and later as a student in the neuropsychiatric centre of the second army in Saint-Dizier (east of Paris). Here, he worked with doctor Raoul-Achille Leroy (1869–1941), an alienist who had a great influence on the young student and aroused his interest in psychiatry. Advised by Leroy, who supplemented the education of his students each evening with several hours of conversation, Breton read with passion the neurological and psychiatric treatises of Jean-Martin Charcot, Emil Kraepelin, Emmanuel RéGIS, Valentin Magnan, Gilbert Ballet and Sigmund Freud, among others (Polizzotti, 1995; Bieder, 2007). Leroy had been a resident of the Seine asylums and physician of the Évreux asylum. He had published several papers on mental diseases, wrote a thesis called Les persécutés persécuteurs, presented a report on the ‘responsibility of hysterics’ at the Congrès des aliénistes et neurologues de langue Française in Lille in 1906, and a report on ‘hallucinations lilliputiennes’ at the Société Médico-Psychologique in 1909 (Bieder, 2007). It has been suggested that Leroy used to be a collaborator of Charcot, but this remains controversial, as in 1893, the year of Charcot’s death, Leroy was only 24-years old (Chevrier, 2001; Bieder, 2007). Nevertheless, it is not impossible that Leroy was present at some of the presentations of Charcot, as students of the hospitals around Paris were allowed to attend these (Chevrier, 2001; Bieder, 2007).

In Saint-Dizier, Breton especially cared for shell-shock victims. He became fascinated with psychiatry and thought seriously about becoming a psychiatrist, but could not unequivocally decide to abandon literature (Polizzotti, 1995; Becker, 2000). Breton quoted Leroy in a letter to his classmate, the future physician and author Théodore Fraenkel (1896–1964): ‘Charcot? Perversity of hysterics? Come on, are all women not whores?’ (Fraenkel, 1990). He described Leroy in another letter to Fraenkel:

‘C’est un figure étrange, avec ses cheveux bleus en vieille brosse, ses yeux d’azur clair, sa tête en cube, ses creux sillons nasolabiaux, sa vareuse défraichie. Il est doux, superbement lucide, blasphème avec élégance et lit La Croix’ (Fraenkel, 1990).

(It is a strange figure, with his blue hair in old crew cut, his clear azure eyes, his cube-like head, his hollow nasolabial pleats, his withered blouse. He is gentle, very clever, blasphemous with elegance and reads La Croix).

Under Leroy, Breton also practised neurology with great pleasure and Leroy was proud when Breton diagnosed a patient with tabes dorsalis (locomotor ataxia) that had been overlooked by others (Bonnet, 1992; Saint-Dizier catalogue, 2000). Leroy suggested that Breton write a thesis on Le délire d’interprétation dans Freud (Chevrier, 2007). Instead, Breton wrote several case studies for Leroy, including a report on the ‘mad man who did not believe that there was a war’ (Chevrier, 2001). Interestingly, this case was published by others, but
without mentioning Leroy and Breton’s names (Demay and Renaud, 1919). However, Breton used this case in a poetic text, which he published shortly before the end of the war in Pierre Reverdy’s avant-garde periodical Nord-Sud (Breton, 1918). It seems that Breton made more bright diagnoses in neurology, as he wrote to Fraenkel on 15 September 1916: ‘I have picked up a case of radial palsy which was misleading, and I even had ideas of greatness when I could challenge four diagnoses made by Dr Cruchet, chief of the neurological centre at Bar-le-Duc’ (Bonnet, 1992). A few years later, the same Cruchet was to become famous for his description of Von Economo-Cruchet encephalitis (lethargic encephalitis).

Another sign of the persisting influence of Leroy is the inclusion by Breton of ‘lilliputian hallucinations’ (studied in 1909 by Leroy, the first to call them so) into his poetic work, in particular, in L’Air de l’Eau in 1934 (Chevrier, 2001).

Of his time in Saint-Dizier, Breton later said:

‘I was sent to a centre for disabled men, men sent home due to mental illness, including a number of acutely insane men, as well as more doubtful cases brought up on charges on which a medical opinion was called for. The time I spent there and what I saw was of signal importance in my life and had a decisive influence in the development of my thought. That is where I could experiment on patients, seeing the nature of diagnosis and psychoanalysis, and in particular, the recording of dreams and free association. These materials were from the beginning at the heart of surrealism’ (Breton, 1993).

According to Fraenkel, the neuropsychiatric experiences had metamorphosed Breton:

‘Breton was deeply disturbed to see that the inmates were greater poets than he. theirs was a terrifying cannon burst...He forced me to hear the sound of dementia, which interested me only passively, as always’ (Fraenkel, 1990).

From Saint-Dizier, Breton was sent to the front near Verdun as a stretcher bearer, but due to shortage of personnel, also served as a kind of doctor. After 4 weeks, he moved to Paris for further schooling (Polizzotti, 1995). Around that time he read a publication by Babinski and wrote to Fraenkel:

‘I may be at the point of feeling a strange and, as usual, resounding admiration for Dr. Babinski. I examine with self-satisfaction the progress in my will. I’ve asked one of my friends to accede to the vacant position at the neurological department at La Pitié. In this way I shall know if I like it’ (Fraenkel, 1990; Bonnet, 1992).

From January to September 1917, Breton indeed worked under Babinski as a non-resident student at the neurological centre of La Pitié hospital in Paris. Babinski inspired in Breton an intense admiration. Perhaps most memorable in Breton’s eyes was the combination of ‘sacred fever’ and casual aloofness that Babinski displayed while handling his patients (Polizzotti, 1995).

Later that year, Breton continued his studies at the military hospital Val-de-Grâce and prepared for his exam. However, he never qualified as a medical doctor.

### Surrealism

Why Breton left medicine, after obviously at first being fascinated by it, has remained unclear. Rather enigmatically, he expressed his feelings as follows:

‘Ah! I had been adrift for quite some time: there was no possible compromise with a world that had learned nothing from such a horrible adventure. Under such conditions, why should I devote even one iota of my time and availability to things not motivated by my own desire? Indeed, where was I? Perhaps I was expecting some kind of – strictly personal – miracle that would start me down a different path. When I look at my life since then, I suppose such a miracle must have occurred, but imperceptibly’ (Breton, 1993).

Shortly after the war, he became involved in the avant-garde milieu, such as Dada. He started to work for indexing the collections of Jacques Doucet (1853–1923) and correcting Marcel Proust’s proofs of Le Côté de Guermantes (part of the well-known In Search of Lost Time) at the publisher Gallimard (Polizzotti, 1995). In 1919, André Breton and Philippe Soupault published Les Champs Magnétiques on mental automatism, where each author would write any thought coming to his mind in sentences or part of sentences that would then be completed by the other author (Breton and Soupault, 1920; Bergengruen, 2009). Les Champs Magnétiques is considered the founding publication of surrealism (Bergengruen, 2009).

The notion of psychological automatism goes back to the neuropsychiatrist Jules Bailleul around 1850, who already asked his patients to write down any thought that was coming to their minds, a technique that was then developed further, mainly in Charcot’s laboratory, by Pierre Janet in order to delineate what he called ‘subconscious fixed ideas’, several years before Freud set up his theory of the unconscious (Janet, 1889; Bergengruen, 2009). In fact, the emphasis upon ‘association of ideas’ was rather commonly used by psychiatrists shortly before the war, including Bleuler, Claparède, Toulouse and many others (Chevrier, 2001). However, when Breton picked up this technique, he mainly referred to Freud in his correspondence with Fraenkel, although it is obvious that he had read many other authors who were currently using ‘associations of ideas’ with their patients (Bonnet, 1992). At that time, Breton had studied Freud only indirectly, through the textbook of psychiatry of Régis, as well as Hesnard’s 1914 book on psychoanalysis (Bonnet, 1992). The technique of automatic writing was also largely used with psychiatric patients before psychoanalysis, and several famous books from the 1880–90s by Binet, Séglas and others were part of the psychiatric theoretical armamentarium during World War I (Chevrier, 2007).

In First Manifesto of Surrealism (1924), Breton defined surrealism as ‘pure psychic automatism’ reflecting the true functioning of thinking in the absence of any reasoning or moral or aesthetic concern (Breton, 1924). The emphasis upon automatic writing in the early 1920s suggests that the surrealists wanted to parallel...
aspects of the hysteric’s and psychotic’s experience in their own processes of artistic production. Throughout the 1920s and 1930s, they wove elements of hysteria and psychosis into their work, acknowledging it as a form of psychic release that rejected the rational world. The neuropsychiatric readings of Breton, advised by Leroy, had a critical influence on the shaping of what would become surrealism as it is defined in First Manifesto of Surrealism. A striking example is the ‘dialogue’ part of that text, which quotes issues such as the Ganser syndrome and echolalia. Entire sentences were actually taken from Constanza Pascal’s book on La démence précoce (Pascal, 1911).

The origins of surrealism have further been traced back to several avant-garde currents and to the defeatism and feelings of disgust after World War I (Becker, 2000; Drèze, 2003). Wartime experiences, such as the folly of political and military forces, but also madness as a result of violence on individual men, served as inspiration (Becker, 2000). Next to ‘automatic writing’, important topics were ‘the science of dreams’ and the development of new metaphors. Again, Breton mainly referred to Freud when he emphasized the role of dreams in surrealism, although he was well aware of the work of predecessors, such as Hervey de Saint-Denys or Vaschide (Chevrier, 2001).

To the psychiatrists of the time, mental confusion and hallucinations were characteristic wartime syndromes. Their case studies seemed to the surrealists to be poems in prose suited just for them (Becker, 2000). In L’immaculée Conception, published by Breton and Eluard in 1930 with a frontispiece by Dali, the chapter ‘Possessions’ includes essays on acute mania, general paresis, delirium and precocious dementia (Breton and Eluard, 1930).

The importance of the theme of ‘madness’ is also illustrated in Breton’s partly autobiographic novel Nadja from 1928 that describes the love-story of André, the narrator, with Nadja (Breton, 1928). The two have long discussions on surrealistic themes. They wander the streets of Paris as real ‘flâneurs’. In the end, it appears that Nadja is mentally ill and has to be admitted to an asylum. The protagonist André uses Nadja as a muse until her symptoms become so worrying that he has to abandon her for her forced institutionalization. After one of the long encounters with Nadja, he notes: ‘October 7. –I have suffered from a violent headache which, perhaps mistakenly, I attribute to last night’s emotions and also to the effort of attention, of accommodation which I have had to make’ (Breton, 1928). Nadja, who wanders around until she finds her poet and master, has been diagnosed with schizophrenia (Wylie, 1970), hysteria (Rabaté, 2003) and borderline personality disorder (Stone-Richards, 2001), but it is clear that she also suffered from psychosis as she developed hallucinations. The ‘real life’ Nadja (Léona Delcourt) remained in psychiatric wards until her death in 1941.

Nadja includes a photograph of Henri Claude, chief psychiatrist at Sainte-Anne hospital where Nadja/Delcourt was admitted before being referred to a chronic asylum. Claude had worked in neurology (describing a midbrain syndrome) and knew Babinski well. Breton used to attend and enjoy his Sunday seminars at Sainte-Anne, but wrote an unpleasant comment below Claude’s photograph emphasizing his ‘stubborn forehead’ (Breton, 1928). Second Manifesto of Surrealism (Breton, 1924) started with a mere copy of critical reactions to Nadja by psychiatrists (including de Cérémambault, the developer of the ‘mental automatism’ in the theory of psychotic delirium) published in an issue of Les Annales Médico-Psychologiques, the oldest mental medicine journal. It is of great interest that at that time, Breton’s evolution looked much closer to what would later become ‘antipsychiatry’ than to the current trends of clinical psychiatry, which had so fascinated him during his stay with Leroy in Saint-Dizier.

At the beginning of World War II, Breton was again called back into the medical corps of the French army (Polizzotti, 1995). In 1941 he escaped to America, returned to Paris in 1946 and died there in 1966.

The Breton library catalogue (>2000 books) included several books on neurology, among which were two by Babinski: Titres et Travaux from 1913 and Hystérie-pithiatisme et troubles nerveux d’ordre réflexe en neurologie de guerre from 1917 co-authored by Jules Froment (Breton, 2003). Furthermore, there were various psychiatric textbooks, including 18 volumes by Freud.

Babinski

Joseph Babinski (Fig. 2) was trained as a histologist and anatomopathologist, but after meeting Charcot he switched to clinical neurology (Skalski, 2007; Poirier, 2008; Philippon and Poirier, 2009). He never married and lived with his brother Henri, a mine engineer, who later applied himself to the art of cooking and wrote a famous cookery book under the pen name of Ali Bab (Ali-Bab, 1928; Philippon and Poirier, 2009). In 1905, after the death of Henri Parinaud, a famous ophthalmologist and neurologist who had also worked...
under Charcot, Babinski became the tutor of the three orphaned daughters (their mother had died in 1904), Ebba, Ellen and Karen (Poirier, 2011; Poirier and Philippin, 2011). Babinski had an interest in art, but not specifically in that of the avant-garde (Skalski, 2007; Philippin and Poirier, 2009).

From 1885 to 1887, Babinski served under Charcot as his chef de clinique. During this period, hysteria was one of the main topics of Charcot’s studies. When Freud visited La Salpêtrière during the winter of 1885–86 he added the words ‘particularly on hysteria’ to the title of his German translation of one of Charcot’s books, as indeed 10 of the lectures in the book dealt with hysteria. At that time, Freud complained that Babinski, the new chef de clinique of Charcot, was less friendly with him than his predecessor Pierre Marie. Charcot asked Freud and Babinski to present a case, and Freud wrote to his fiancée that he was much more junior than him. Nevertheless, Babinski invited Freud to have lunch in the ‘salle de garde des internes’, an unusual favour at the time (Bogousslavsky, 2011).

Applying the anatomoclinical method, Charcot first distinguished neurological diseases as locomotor ataxia and amyotrophic lateral sclerosis, but later he studied hysteria and hypnosis (Bogousslavsky, 2011b). He considered hyperaesthesia, anaesthesia, paralyses and contractures as important symptoms of hysteria. Traumatic male hysteria was a major topic during the 1880s and the term ‘grand ébranlement psychique’ (great psychic shock) was introduced. Already in the early 1880s, however, Charcot suggested that ‘hysteria is in large measure a mental illness’ (Micale, 1990; Bogousslavsky, 2011b).

Due to antagonism between Charcot and his previous collaborator Charles Bouchard, Babinski did not pass an examination for professorship, and never had an academic title (Iragui, 1986). In 1895, he moved to La Pitié, where he worked until his retirement in 1922. Babinski not only described the famous ‘toe phenomenon’ and several other tests to distinguish organic from hysterical hemiplegia, but also published on anosognosia, anosodiaphoria, hypermetria, pseudo-tabes, brainstem lesions, neurosyphilis and pituitary tumours (Okun and Koehler, 2004). During his lifetime, neurology became recognized as a distinct discipline apart from internal medicine and psychiatry.

Babinski’s first papers on hysteria were inspired by Charcot (Babinski, 1886). However, many of the clinical manifestations he would later exclude from hysteria:

‘Beginning my neurological career at the Salpêtrière School where I had the honour to be the senior resident of Charcot from 1885 to 1887, I was at first imbued with the ideas on hysteria that were taught there at that time, and which were, until recently, almost unanimously accepted. I first accepted these ideas without reservation, but later, struck by some findings that I considered difficult to conciliate, gradually began to doubt their accuracy’ (Babinski, 1909).

Babinski criticized Charcot’s concept of hysteria as he considered his teacher’s concept far too extensive by including phenomena that could not be modified by persuasion (including, e.g. trophic and vasomotor changes). He proposed the term pithiatism (curable by persuasion) for disorders created by suggestion (Derouesné, 2009).

‘All doctors now realize that the domain of traditional hysteria has been stretched beyond measure and that, at least, it’s supposed ability to duplicate the most diverse illnesses, “to do everything”, as it was formerly said, has been singularly exaggerated... In my opinion, hysteria’s overextension has three principle causes: 1) diagnostic errors; mistaking organic affections for hysterical ones; 2) ignorance of the importance of deception, and classifying simulated phenomena as hysterical due to a lack of vigilance; 3) conflating nervous states that should properly be distinguished from one another’ (Babinski, 1909).

Babinski’s ideas played an important role during World War I. Soldiers who would previously have been classified as hysterical, now received the diagnose ‘pithiatism’. A negative consequence of this was the ‘torpillage’ (therapy using faradic and galvanic currents) to ‘treat’ soldiers with war neuroses (Tatu et al., 2010).

The controversy on pithiatism and hysteria went on for several years. Babinski’s ideas still influence the present practice of neurology: the diagnosis of hysteria still depends on first eliminating the possibility of an organic cerebral disorder.

Breton and Babinski: distance and admiration

Babinski inscribed a copy of his book on ‘Hystérie-Pithiatisme’ (written in 1917 with Froment) to Breton (Fig. 3), predicting for him a ‘great medical future’ (Polizzotti, 1995).

Breton’s early medical training alerted him to the concept of hysteria and psychosis as a kind of bodily speech emanating from the unconscious. This concept, however, was closer to Charcot than to Babinski. In 1928, together with Louis Aragon, Breton published a manifesto to celebrate the ‘fiftieth anniversary of the invention of hysteria’, which they thus date from 1878 (Aragon and Breton, 1997). Although Charcot had studied the affection since 1872, 1878 was mentioned as the year in which his methodology moved from clinical observation to experiment, applying hypnosis as a diagnostic tool (Micale, 1989). Breton and Aragon see hysteria as ‘the greatest poetic discovery of the latter part of the century’. In their lyrical homage, they take distance from Babinski, who had reduced hysteria to suggestion, but they also call him ‘the most intelligent man who has engaged this issue’ (Rabaté, 2003). A note added by Breton to the revised version of Nadja from 1963 underlines this admiration for Babinski:

‘I have always felt honoured by the kindness he showed me – even if it misled him into predicting a great medical career for me! – and in my way, I believe I profited from his teaching, to which homage is paid at the end of the first surrealist manifesto’ (Breton, 1928).

In contrast to Freud, Babinski is not mentioned by name in the First Manifesto of Surrealism (Breton, 1924). The note in Nadja, however, clearly refers to Babinski. The ‘homage’ unequivocally links neurology with surrealism.
Breton never revealed why he left medicine. Before starting to study medicine, it appeared that his choice was already made as ‘poetry in the larger sense was never far from his mind’. He appreciated psychiatric cases not for their therapeutic value, but for their applicability to the roots of artistic creation (Bonnet, 1988; Polizzotti, 1995). At Saint-Dizier, however, he became nearly exalted when he discovered the writings of various psychiatrists and was confronted with psychiatric patients. Here, he hesitated between literature and psychiatry and was ‘hoping for some external resolution to his internal dilemma’ (Polizzotti, 1995).

On 20 September 1916, he wrote to Fraenkel ‘My very last verses probably have been written…psychiatry enthusiasms me’ (Bonnet, 1992). However, in his private notes, Fraenkel also reported Breton’s hesitations (Fraenkel, 1990) and on 11 October 1916, Breton wrote to him about his despair to find that he was himself a ‘degenerate’ unable to take care of his own ‘psychism’ (Bonnet, 1992). On 20 October he wrote again to his friend: ‘Psychiatrists have much less genius than poets. Léry is just an alienist and a charming man. With all their families grouped in the asylum, they make me think of factory engineers’ (Bonnet, 1992). It is interesting that after several months without writing poetry, Breton went back to poetic writing at the end of November 1916, with a poem entitled Soldat.

When back in Paris, he asked his friends and mentors Fraenkel, Vaché, Apollinaire and Valéry for advice. From his correspondence with Fraenkel it seems that his ‘psychiatric exaltation’ was tapered down during his stay with Babinski (Fraenkel, 1990), who was everything but a psychiatrist. The stay at La Pitié may just have revealed to Breton that medicine in practice was not synonymous with what he had dreamt of in Saint-Dizier.

As the correspondence of Breton is embargoed for 50 years after his death, as per his will, this will not be available before 2016 to search for clues why Breton left medicine. However, there are various excerpts of the letters of Breton in Fraenkel’s Carnets (Fraenkel, 1990; Bonnet, 1992).

Fraenkel repeatedly mentions the increasing literary activity of Breton during his stay at La Pitié, but does not mention the issue of abandoning medicine. It is indeed interesting to realize that during this period, Breton was frequently contacted and stimulated by Guillaume Apollinaire, who was healing from his operation from subdural haematoma, to contribute with literary papers (Polizzotti, 1995). At the same time, Breton met Pierre Reverdy, the leading avant-garde poet in Paris, who was just founding his periodical Nord-Sud. Along with his own hesitations between a literary and a medical career, the stay with Babinski, at least was for Breton, insufficient to balance the strong ‘poetic’ stimuli from Apollinaire and Reverdy. It is striking that Louis Aragon, one of the three musketeers of early surrealism with Breton and Philippe Soupault, who was also a medical student, also decided to leave medicine at the same time (Bonnet, 1992; Chevrier, 2007). When these young poets came back from the front, they were immediately taken back into the effervescent literary milieu in Paris.

One could speculate that although Babinski’s technique of patient examination was admired by Breton (see above), his attitude towards unconscious life and emotions was indeed opposite to what Breton had found so fascinating in the psychiatric textbooks that he had so eagerly read during his stay at Saint-Dizier. These psychiatric readings were much closer to Breton’s poetic exaltation, and it is likely that Babinski’s purposefully non-psychological methods of patient examination were much more to Breton’s liking.

Did Breton leave medicine because of Babinski?

Breton never revealed why he left medicine. Before starting to study medicine, it appeared that his choice was already made as...
thinking that largely represented the medical-hospital tradition of the time, did not act as a strong reinforcement of Breton's continuation of medical studies, to say the least.

**Babinski with a fake beard**

Babinski’s interest in ‘the arts’ lead to a remarkable history in which Breton played a minor role. In 1920, a play was on stage called *Les Détraquées* (*The Deranged Women*). It was written by Pierre Palau ‘with the help of Olaff’ (Fig. 4). Palau was an actor and author, but the true identity of Olaff remained unknown. The critics hated the play, but Breton liked it, and attended several performances. He discussed it at length in the 1928 edition of *Nadja* (Breton, 1928; Philippon and Poirier, 2009). In the play, set at a private girls’ boarding school, the lesbian headmistress and a dance instructor torture and murder a young student. Olaff’s identity was revealed by Breton in 1956 in the first issue of his magazine *Le Surréalisme, même*. He also commented on the identity of Olaff in the 1962 reprint of *Nadja* (Breton, 1928). Olaff was Babinski, and had attended the première of his own play wearing a fake beard.
Conclusion

We were unable to find much evidence for a ‘neurological’ influence on Breton or on surrealism. Babinski’s ‘sacred fever’ obviously did not motivate Breton to become a neurologist or to finish his medical training. In the ongoing debate on hysteria, Breton did not choose the ‘organic’ explanation of Charcot, nor the ‘pithiatism’ of Babinski, but took out the ‘pure psychic automatism’ and the madness and used it as an artistic source of surrealism.

However, his long-life admiration for Babinski and the inclusion of a description of Babinski’s neurological examination in the First Manifesto of Surrealism show that Breton saw him as an important source of inspiration. Whether he included the neurological examination in this text as an example of ‘mental automatism’ (Bergengruen, 2009) or for a more ‘medical’ reason, remains a matter of speculation. There is no hard evidence for our hypothesis that Breton left medicine (partly) as a consequence of his stay with Babinski, so this also remains speculative. It is possible that this issue will become clear in a few years when the correspondence of Breton will become available.

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