

Figure. On the patient's right side, there is a clear difference between the appearance of the platysma muscle at rest (view at upper left in composite photograph) and during voluntary effort to retract both corners of the mouth (view at lower left).

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, ; Becker, Come on, are all women not whores? He described Leroy in another letter to Fraenkel: 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, ; Saint-Dizier catalogue, It seems that Breton made more bright diagnoses in neurology, as he wrote to Fraenkel on 15 September. A few years later, the same Cruchet was to become famous for his description of *Von Economo-Cruchet encephalitis lethargic encephalitis*. Of his time in Saint-Dizier, Breton later said: 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. According to Fraenkel, the neuropsychiatric experiences had metamorphosed Breton: 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, Around that time he read a publication by Babinski and wrote to Fraenkel: I examine with self-satisfaction the progress in my will. Babinski inspired in Breton an intense admiration. 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: I had been adrift for quite some time: 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. Shortly after the war, he became involved in the avant-garde milieu, such as Dada. Throughout the 1910s and 1920s, 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*. 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, 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-Denis or Vaschide Chevrier. 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, The two have long discussions on surrealistic themes. In the end, it appears that Nadja is mentally ill and has to be admitted to an asylum. After one of the long encounters with Nadja, he notes: Claude had worked in neurology describing a midbrain syndrome and knew Babinski well. In he escaped to America, returned to Paris in and died there in . Furthermore, there were various psychiatric textbooks, including 18 volumes by Freud. Babinski Joseph Babinski Fig. 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, ; Philippon and Poirier, In , 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 , Ebba, Ellen and Karen Poirier, ; Poirier and Philippon, Babinski had an interest in art, but not specifically in that of the avant-garde Skalski, ; Philippon and Poirier,

Chapter 2 : Babinski the great: Failure did not deter him

Background: The Babinski sign is a well-known sign of upper motor neuron dysfunction that is widely considered an essential element of a complete neurologic examination.

The patient may be asked to remember objects that had been listed earlier in the course of the exam; repeat sentences; solve simple mathematical problems; copy a three-dimensional drawing; and draw a clock and place the numbers and hands appropriately. Many neurological diseases, such as dementia, cause changes in intellectual status or emotional responsiveness, and specific personality features. These changes and features can be detected during the mental status portion of the neurological exam. The mental status exam is especially important when the other parts of the neurological exam reveal no abnormalities. Sometimes, slight changes in memory or other intellectual resources may be the only indication that something is wrong.

Cranial Nerves The cranial nerves are a set of 12 nerves that relay messages between the brain and the head and neck and control motor and sensory functions, including vision, smell, and movement of the tongue and vocal cords. The cranial nerve exam involves testing the function of all 12 sets of cranial nerves. It is an essential part of the neurological exam, and helps localize central nervous system dysfunction and aids in diagnosing systemic disease. Some of the functions that are commonly tested as part of the cranial nerve exam include:

Motor System The motor system includes the brain and spinal cord motor pathways, and all the motor nerves and muscles throughout the body. Abnormalities in the motor system can often be detected by assessing muscle strength and tone and by looking for a variety of characteristic signs. The patient is usually asked to undress, so the neurologist can see the muscles and look for atrophy, shrinkage, twitching, or abnormal movements. Tests are done to evaluate strength in all the major muscle groups. Evaluating Babinski response is an important part of testing the motor system. The neurologist strokes or scratches, heel-to-toe, the outer side of the sole of the foot and in patients over the age of 2, the toes normally curl downward in response. If the toes fan upward, a brain or spinal cord injury is indicated. A number of neurological disorders can lead to Babinski response.

Sensory System Sensation depends on impulses that occur as a result of stimulation of receptors located in the skin, muscles, tendons, and so on, and are sent along nerve fibers to the central nervous system brain and spinal cord. The sensory exam is used to determine areas of abnormal sensation, the quality and type of sensation impairment, and the degree and extent of tissue involvement. A sensory exam involves evaluating different types of sensation, including pain, temperature, pressure and position. A cold or warm object may be used to test the sensation of temperature. To test position, patients may be asked to close their eyes and determine in which direction the examiner is moving a part of their body. Patients also may be asked to identify objects with their eyes closed or identify numbers or letters traced on their body. The sensory exam should be repeated to provide accurate results. Responses may be affected by how alert, aware, and well-rested the patient is, so this part of the neurological exam is usually performed early in the course of testing.

Deep Tendon Reflexes Reflexes are actions performed involuntarily in response to impulses sent to the central nervous system. Alterations in reflexes are often the first sign of neurological dysfunction. Hundreds of reflexes have been identified, but the neurological exam generally involves testing only the deep tendon reflexes. Deep tendon reflexes, also known as muscle stretch reflexes, are reflexes elicited in response to stimuli to tendons. Normally, when a specific area of the muscle tendon is tapped with a soft rubber hammer, the muscle fibers contract. Abnormal responses may indicate injury to the nervous system pathways that produce the deep tendon reflex.

Coordination and the Cerebellum The cerebellum is the part of the brain that controls voluntary movement and motor coordination, including posture. Testing coordination provides clues about conditions that affect the cerebellum. Patients also may be asked to tap their fingers together quickly in a coordinated fashion or move their hands one on top of the other, back and forth, as smoothly as they can. Coordination in the lower limbs can be tested by asking patients to rub one heel up and down smoothly over the other shin.

Gait Most of us take our ability to walk for granted. But as simple as it may seem, walking is a very intricate physiological process. The body must be held erect; the limbs, head, and trunk must be held in the right position; the person must be oriented to the position of all body parts; parts of

motor control involved with moving must be integrated; and so on. Because walking depends on so many different parts of the nervous system, it can be affected by a variety of neurological disorders. By observing gait, the neurologist can gather important clues about what might be wrong. The patient is usually asked to walk in different ways e.

Chapter 3 : KRISTEN BABINSKI Neurology in BOSTON, MA - NPI

INTRODUCTION The plantar response is an important part of the neurological examination. Babinski discovered it in , at least he discovered the important difference between the normal response and that in patients with diseases of the brain or spinal cord (Van Gijn).

Chapter 4 : Joseph Babinski: A Biography | JAMA Neurology | JAMA Network

KRISTEN BABINSKI Neurology. Profile for calendrierdelascience.comN BABINSKI in BOSTON, MA.. A Neurologist specializes in the diagnosis and treatment of diseases or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and blood vessels that relate to these structures.

Chapter 5 : brisk reflexes positive babinski - Neurology - MedHelp

Joseph Jules FranÃ§ois FÃ©lix Babinski (Polish: JÃ³zef Julian Franciszek Feliks BabiÅ„ski; 17 November - 29 October) was a French neurologist of Polish descent. He is best known for his description of the Babinski sign, a pathological plantar reflex indicative of corticospinal tract damage.

Chapter 6 : Hyperreflexia and Babinski - Neurology - MedHelp

Joseph Babinski (), a French neurologist of Polish descent, first described the Babinski sign, the best known neurological eponym and one of the most important signs in clinical neurology, in Babinski was the favourite pupil of Jean-Martin Charcot, who markedly influenced Babinski's research.

Chapter 7 : What Is a Neurological Exam? - Brain and Nerve Tests - calendrierdelascience.com

Joseph Felix Francois Babinski was born in Paris of Polish parents in , two years after his brother Henri, with whom he was destined to spend the greater part of his life. 4 In he was appointed to a general medical position as "interne des hÃ´pitaux," during which time he published anatomical studies on the muscle spindle and the.

Chapter 8 : Plantar reflex - Wikipedia

An upward response of the hallux is known as the Babinski response or Babinski sign, named after the neurologist Joseph Babinski. The presence of the Babinski sign can identify disease of the spinal cord and brain in adults, and also exists as a primitive reflex in infants.

Chapter 9 : Joseph Babinski - Jacques Philippon; Jacques Poirier - Oxford University Press

The utility of the plantar reflex in modern neurology is controversial. We studied the Babinski, Chaddock, and Oppenheim reflexes in terms of intraobserver, interobserver, and intertest agreement; sensitivity; positive predictive value (PPV); and observer bias.