devotion and a respect unparalleled before or since. Daily meetings with hysterical patients, often lasting for hours, were not uncommon. The case studies of this period read almost like collaborations between doctor and patient.

These investigations bore fruit. By the mid 1890s Janet in France and Freud, with his collaborator Joseph Breuer, in Vienna had arrived independently at strikingly similar formulations: hysteria was a condition caused by psychological trauma. Unbearable emotional reactions to traumatic events produced an altered state of consciousness, which in turn induced the hysterial symptoms. Janet called this alteration in consciousness "dissociation."[10] Breuer and Freud called it "double consciousness."[11]

Both Janet and Freud recognized the essential similarity of altered states of consciousness induced by psychological trauma and those induced by hypnosis. Janet believed that the capacity for dissociation or hypnotic trance was a sign of psychological weakness and suggestibility. Breuer and Freud argued, on the contrary, that hysteria, with its associated alterations of consciousness, could be found among "people of the clearest intellect, strongest will, greatest character, and highest critical power."[12]

Both Janet and Freud recognized that the somatic symptoms of hysteria represented disguised representations of intensely distressing events which had been banished from memory. Janet described his hysterical patients as governed by "subconscious fixed ideas," the memories of traumatic events.[13] Breuer and Freud, in an immortal summation, wrote that "hysterics suffer mainly from reminiscences."[14]

By the mid 1890s these investigators had also discovered that hysterical symptoms could be alleviated when the traumatic memories, as well as the intense feelings that accompanied them, were recovered and put into words. This method of treatment became the basis of modern psychotherapy. Janet called the technique "psychological analysis," Breuer and Freud called it "abreaction" or "catharsis," and Freud later called it "psycho-analysis." But the simplest and perhaps best name was invented by one of Breuer's patients, a gifted, intelligent, and severely disturbed young woman to whom he gave the pseudonym Anna O. She called her intimate dialogue with Breuer the "talking cure."[15]

The collaborations between doctor and patient took on the quality of a quest, in which the solution to the mystery of hysteria could be found in the painstaking reconstruction of the patient's past. Janet, describing his work with one patient, noted that as treatment proceeded, the uncovering of recent traumas gave way to the exploration of earlier events. "By removing the superficial layer of the delusions, I favored the appearance of old and tenacious fixed ideas which dwelt still at the bottom of her mind. The latter disappeared in turn, thus bringing forth a great improvement."[16] Breuer, describing his work with Anna O, spoke of "following back the thread of memory."[17]

It was Freud who followed the threat the furthest, and invariably this led him into an exploration of the sexual lives of women. In spite of an ancient clinical tradition that recognized the association of hysterical symptoms with female sexuality, Freud's mentors, Charcot and Breuer, had been highly skeptical about the role of sexuality in the origins of hysteria. Freud himself was initially resistant to the idea: "When I began to analyse the second patient . . . the expectation of a sexual neurosis being the basis of hysteria was fairly remote from my mind. I had come fresh from the school of Charcot, and I regarded the linking of hysteria with the topic of sexuality as a sort of insult—just as the women patients themselves do."[18]

This empathic identification with his patients' reactions is characteristic of Freud's early writings on hysteria. His case histories reveal a man possessed of such passionate curiosity that he was willing to overcome his own defensiveness, and willing to listen. What he heard was appalling. Repeatedly his patients told him of sexual assault, abuse, and incest. Following back the thread of memory, Freud and his patients uncovered major traumatic events of childhood concealed beneath the more recent, often relatively trivial experiences that had actually triggered the onset of hysterical symptoms. By 1896 Freud believed he had found the source. In a report on eighteen case studies, entitled *The Aetiology of Hysteria,* he made a dramatic claim: "I therefore put forward the thesis that at the bottom of every case of hysteria there are *one or more occurrences of premature sexual experience,* occurrences which belong to the earliest years of childhood, but which can be reproduced through the work of psycho-analysis in spite of the intervening decades. I believe that this is an important finding, the discovery of a *caput Nili* in neuropathology."[19]

A century later, this paper still rivals contemporary clinical descriptions of the effects of childhood sexual abuse. It is a brilliant, compassionate, eloquently argued, closely reasoned document. Its triumphant title and exultant tone suggest that Freud viewed his contribution as the crowning achievement in the field.

Instead, the publication of *The Aetiology of Hysteria* marked the end of this line of inquiry. Within a year, Freud had privately repudiated the