One of the authors of this paper (DJ) has been impressed by the work of the second author (MW) for some time. On reading one of his works, *Les Trois Médecins*, DJ was so struck by a particular passage that he attempted a translation. He received not only permission from Winckler to seek publication but also help with the translation. Along with that translation, which forms the body of this article, the passage has been set in context by MW, who also provides some explanation of it. It is DJ’s hope that the article will prove stimulating in its own right, and also lead some readers at least to seek out more of Winckler’s work.

I first came across the work of Martin Winckler about six years ago, and was intrigued enough by a book review to get hold of a copy of Winckler’s novel, *La Maladie de Sachs*. The novel proved to be an unexpected bestseller, was chosen by readers for the Prix du Livre Inter, has sold 600,000 copies in France alone, and has been translated into several languages, including English. The English translation, *The Case of Dr Sachs*, was published in 2000. The novel is recommended reading in many European medical schools and in the American medical community, yet, it has not had the success that it richly deserves in the UK. This is something of a puzzle, as the portrait that it paints of a compassionate, complex, and committed rural general practitioner is one that we can easily recognise and sympathise with, and one that owes an explicit debt to the ideals of the Balint school. It is richly deserving in the UK. This is something of a puzzle, as the portrait that it paints of a compassionate, complex, and committed rural general practitioner is one that we can easily recognise and sympathise with, and one that Winckler has added some explanation of the passage and set it in context. We hope that it will prove stimulating in its own right, and lead some readers at least to seek out more of Winckler’s work.

**EXEMPLARY COMMENTS (MW)**

This chapter can be found at the end of *Les Trois Médecins*. Bruno Sachs, a seasoned general practitioner who has become a writer, has been invited by three old friends—now all occupied in medical training in their alma mater—to give a lecture to first year medical students. The topic: “Becoming a doctor”. While Bruno is on his way to the auditorium, his friends meet up and recall the story of how they were trained as care givers. Their recollections—a retelling of Alexandre Dumas’s *The Three Musketeers*—form the bulk of the book. In this chapter, when Bruno appears, he finds himself facing several hundred students and, as past and present, ideals and reality, clash in his mind, he wonders what he is going to say. What follows is a mixture of both his hesitating thoughts and the words he will finally utter.

**THE TRANSLATION**

There are six hundred, eight hundred, a thousand of them; it’s incredible for me to be speaking to all these young people, who are like we were thirty years ago. I look at them, and I ask myself how I am going to begin. As they are making such a noise, as they perhaps don’t want to hear me pontificate, I tell myself I’m like them; lectures bore me. How am I going to make them understand that I’m not here to teach them life but perhaps simply to tell them about mine. And then it comes back to me—I raise my arm, I point toward a boy way up there, I crease up...
with laughter, the lecture theatre murmurs. They must be thinking: He's crazy, this guy, seeing me laughing like this all on my own, this is a medical lecture theatre here, who is this clown?

“You know why I’m laughing?”

I raise my arm, I point.

“Because twenty five years ago, I was sitting right there. And on the other side, down there (I point to a place further away), there was a girl—I Got You, Babe—who I was dying to sit next to...only there were thirty guys in my way!”

It’s their turn to laugh; they understand me: I may be crazy, but it’s a change from the usual starched pros who come and speak here. I haven’t prepared anything; I’ve been ready for so long. I haven’t come to give them a lecture; I’ve come to tell them what I haven’t been able to say till now. I don’t know quite what’s coming; I only know what I would like to tell them. There’s so much and I can’t say it all. What do my friends expect?

That in two hours I can tell them everything they’re going to spend ten years learning? I can’t do it: I’m not even sure that I can tell them the bare essence, given that I hardly know it, given that I’m only just beginning to see it, now that the words are no longer stuck in my throat, now that I’ve started to write again. I can try to tell them: I know what they keep telling you: “You won’t all be doctors”.

But I don’t give a damn about that, it hardly matters that some of you will be admitted to medical school and others won’t. If you want to care, you will care, as doctor, nurse, physio or whatever. Today, if you’re sitting here it’s because you’re all potential care givers, and that’s why I’m speaking to you, laying out the simple things, the ideas, ultimately, that I’ve embraced since adolescence, the pent up anger that’s begging to be released, all that I’ve suffered, all that they are going to make you suffer: the feudalism of medical education, the archaism of the teaching methods, the criminal hierarchy of the hospital, the inept competition that’s built up between students and continues between care givers, the bloody struggle for power, the mutual mistrust, the arrogance, the vanity of which your elders are evidence, of which you yourselves will perhaps be evidence, all that they’re not going to tell in their studies: the confused reasons for becoming a doctor, the obligatory motives: I want to look after people, the innocent desires that know nothing of life, the fears exactly the same, no more, no less, as those of the people you’re going to be looking after, without ever forgetting what the powers that be would like to make them forget—their deepest feelings, their hidden pains, their unconscious need to care for themselves and to heal unwittingly their own sufferings—archaic, familial, unknown—hidden in their own depths; the appetite for revenge, the everyday sadism, the taste for dominance that so many doctors don’t know that they carry in themselves, or pretend not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know. Diseases are abstract concepts that have nothing to do with the individual person; nobody is reducible to a diagnostic grill, not to know.

Only a small percentage of students admitted for the first year of studies will be selected for the full course in medicine.

“Enseignement magistral” literally, the teaching in an auditorium by a teacher who will not accept any interaction from his students, still common practice in French medical schools.

The song is one that students usually sing when a teacher makes an innuendo (voluntary or not) in one of his classes.
Good morning. My name’s Bruno Sachs and, like all of you here—but for me it’s been for thirty years—I am learning to become someone who cares ….”

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Colloquium: Circles Within Circles: qualitative methodology and the arts: the researcher as artist

The starting point for this exciting two-day event is the idea that there is an emerging ‘edgelands’ in qualitative enquiry (Rapport et al 2004; 2005) – a space between established and new methods where new approaches are being developed, new theories examined and new ways of asking and answering questions formed that do not conform to neatly regulated patterns of events or outcomes. The Colloquium builds on this idea by focusing on links between New Qualitative Methodologies and the Arts to explore what happens when researchers and artists talk to one another. There will be presentations from qualitative methodologists within the strands: narrative based, arts-based and re-defined methodology, whilst artists will be encouraged to discuss their work whilst they create or perform, in terms of the productive process and expressive representation. Working side by side will encourage a cross-fertilisation of applications and ideas.

The colloquium will take place at the The School of Medicine, Swansea University on 19 and 20 September. For further details please contact v.i.davies@swan.ac.uk, or via www.swan.medicine.ac.uk/events