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課程代碼	00000407	組別	學分	2	人數限制	70															
上課時間	週一 3.4 節		教室	語文教室 I																	
課程中文名稱	醫療與文化：傅柯導讀		任課教師	陳重仁																	
課程英文名稱	Medicine and Culture: Reading Foucault																				
一、課程目標 (請說明其與通識教育核心精神之關連性)	<p>本課程為通識中心經典閱讀課程，本課程預計在接觸醫學專業課程之前，帶入非醫療專業人員對醫學的想像，學生可在醫學專業訓練之外，體認社會對醫學抱持敬畏 交雜的複雜認知。本課程可以在學生學醫之前，提供醫學大學學生先行體認醫學在文學、文化中想像的機會，並得以從閱讀經典文學作品與流行文化作品當中，獲得 更為廣闊的文化認知能力 (cultural literacy) 與國際通識視野(global literacy)。具體教學目標簡述如下：(1)閱讀十八世紀空間、語言與死亡的概念 (2)體檢社會醫療體系的成形與架構 (3)檢視醫療行業的建制化與階級化 (4)檢驗國家機構核發執照建立訓練與監督系統 (5)閱讀疾病在社會脈絡中轉化為症狀的語言層次 (6)論述當代醫學病理解剖學的興起轉化了醫學對死亡與病症的語言認知模式 (7)死亡不再是醫學研究的終點，死亡的概念產生徹底的改變，病症也不再只是累積身體的病理現象，而具有豐富的文化與空間意涵。</p>																				
二、教學進度	<table border="1"> <thead> <tr> <th colspan="3">授課進度表</th> </tr> <tr> <th>週次</th> <th>日期</th> <th>授課內容</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2010/9/13</td> <td>課程介紹</td> </tr> <tr> <td>2</td> <td>2010/9/20</td> <td>傅柯導論：誰是傅柯？為什麼要讀傅柯？ 討論議題設定：簡介傅柯的學術生涯與代表著作，簡論在西方學術界的地位與貢獻，傅柯對於醫學與文化研究的貢獻，以及當前以及未來研究傅柯的趨勢</td> </tr> <tr> <td>3</td> <td>2010/9/27</td> <td>傅柯方法學導論：什麼是考古學？傅柯所謂的考古學跟我們認知的考古學有何不同？為何要考古？考古對於發覺歷史地層中同時並存的多元架構是否顛覆我們對歷史慣有的認知方式？ 討論議題設定：傅柯的考古學的定義為何？考古學如何挖掘深藏於歷史地層的多元元素？考古學如何顛覆我們習以認知由上而下的單一歷史觀？考古學如何徹底改變我們對於醫學史的認知？考古學如何從我們認定理所當然的知識中挖掘出新的意義？</td> </tr> </tbody> </table>						授課進度表			週次	日期	授課內容	1	2010/9/13	課程介紹	2	2010/9/20	傅柯導論：誰是傅柯？為什麼要讀傅柯？ 討論議題設定：簡介傅柯的學術生涯與代表著作，簡論在西方學術界的地位與貢獻，傅柯對於醫學與文化研究的貢獻，以及當前以及未來研究傅柯的趨勢	3	2010/9/27	傅柯方法學導論：什麼是考古學？傅柯所謂的考古學跟我們認知的考古學有何不同？為何要考古？考古對於發覺歷史地層中同時並存的多元架構是否顛覆我們對歷史慣有的認知方式？ 討論議題設定：傅柯的考古學的定義為何？考古學如何挖掘深藏於歷史地層的多元元素？考古學如何顛覆我們習以認知由上而下的單一歷史觀？考古學如何徹底改變我們對於醫學史的認知？考古學如何從我們認定理所當然的知識中挖掘出新的意義？
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4	2010/10/4	<p>經典閱讀：《臨床醫學的誕生》序論</p> <p>討論議題設定：</p> <p>理解全書基本架構與閱讀策略，設定閱讀本書基本主軸（空間、語言、死亡、醫學的凝視），理解古典醫學所謂不可見的醫學現象以及當代醫學所謂可見的病症，進而連結身體在臨床醫學診斷的意義。</p>
5	010/10/11	<p>經典閱讀：《臨床醫學的誕生》第一章：〈空間與分類〉</p> <p>討論議題設定：</p> <p>閱讀疾病的空間意義，理解疾病分類學建制過程依循的醫學理論與臨床實踐，分類的概念成為主導各種病症現象的內在邏輯、解讀的基本原理以及定義的語意法則。疾病分類不只是呈現某種醫學的圖像，而是依循在樹枝狀系譜圖中的空間架構。疾病類似性的理解架構，揭露的疾病的理性秩序。</p>
6	2010/10/18	<p>經典閱讀：《臨床醫學的誕生》第二章：〈政治意識〉</p> <p>討論議題設定：</p> <p>流行病在十八世紀的疾病觀所代表的內在歸序、前後一貫且自足的病症評估架構。疾病被視為一組與氣候人文條件交錯縱橫的網絡。法國大革命前後的醫學界面臨的衝擊，計有醫學國有化的概念，其次是疾病被孤立為不受干擾的情境即可完全撲滅的概念，傅柯論述此為醫學的神話。根據傅柯的論述，醫師是身體的牧師嗎？</p>
7	2010/10/25	<p>經典閱讀：《臨床醫學的誕生》第三章：〈自由之場〉</p> <p>討論議題設定：</p> <p>本週透過檢視十八世紀法國醫療體制的建立，討論醫學的病理空間與社會空間對立的問題。為求病理症狀能夠輪廓鮮明地顯示，醫學界必須建立一個完全開放且無所障礙的呈現醫學體驗的場域，此場域必須要與國民健康息息相關，就整體而言需要有足夠的涵蓋面，且其內容必須豐厚精要。臨床醫學作為一個醫學知識自由流動的空間，空間中各元件與總體之間保持著固定的交換與流動關係。本章節透過閱讀十八世紀法國醫界對醫院結構的質疑以及醫師執業及醫學教育法規，用以討論臨床醫學成為自由場域的經驗。</p>
8	2010/11/1	<p>經典閱讀：《臨床醫學的誕生》第四章：〈臨床醫學的淵源〉</p> <p>討論議題設定：</p> <p>臨床醫學的醫病關係並非十八世紀醫學所獨有，但將病人病體轉化為知覺符碼成為醫師凝視的對象。本章節透過閱讀十七、十八世紀法國與英國醫療體制的轉變，討論臨床醫學具有的複雜行事：臨床醫學不再只是針對個案病例的知識，而行程了某種邊緣</p>

		性結構，並何其不同的醫院場域結合；臨床醫學從此面臨急遽的變化，接受新的知識、接受測試並成為新的知識場域。
9	2010/11/8	<p>經典閱讀：《臨床醫學的誕生》第五章：〈醫院的教喻〉</p> <p>討論議題設定：</p> <p>本章節透過閱讀醫院的教喻與體制規訓，討論醫學教育系統的改革與演變，臨床醫學從教學與言說的方式演變為學習與觀看的方式。教育向來具有理性啟蒙的正性價值；教育的內容被賦予真理誕生的意涵。本章節大量且仔細討論十八世紀法國臨床醫學教育的內容與規定，討論臨床醫學教育的意義與醫院領域重整的社會意涵。</p>
10	2010/11/15	<p>經典閱讀：《臨床醫學的誕生》第六章：〈癥候與病例〉</p> <p>討論議題設定：</p> <p>本章藉由討論臨床醫學將自身建築於目視知覺視野之運作與決定之上的科學，參照同時期自然史熱中進行的分類、分析與歸類的科學建構過程，醫學賦予醫師進行凝視觀察的權力，並不再滿足僅針對顯而易見的事物進行觀察，要求對其醫療機會與風險進行掌握。也就是說，醫學的凝視無時無刻都在進行病體與病症的估算。臨床醫學在醫師進入凝視場域之後建立，醫師的凝視界定對於事物的構成與權力的設定，而疾病與各種病狀，也都能以最原始的姿態出現在可理解的文法與符號結構中，得以被閱讀與理解。</p>
11	2010/11/22	<p>經典閱讀：《臨床醫學的誕生》第七章：〈見與知〉</p> <p>討論議題設定：</p> <p>本章節討論醫學凝視的意義及其運作方式。傅柯認為西波克拉底將自己投注於觀察，認為他鄙視所有的體系。傅柯認為與古典醫學相比，臨床醫學獲得醫學凝視的權力來得更大，不僅數量上來得更多，本質上也完全不同。本章節討論醫學凝視中徹底觀察與描述之理想，認定可見之事物皆可被陳述，正因其可以被完全地陳述出來，正因其全然可見。臨床醫學開啟一個全新的空間，所有病體上的病症都將被凝視，所有的秘密、看不見的傷口與秘密也終於醫學的凝視徹底被理解。</p>
12	2010/11/29	<p>經典閱讀：《臨床醫學的誕生》第八章：〈屍體解剖〉</p> <p>討論議題設定：</p> <p>本章由醫學凝視的建置討論病理解剖學的興起，並閱讀創立病理解剖的名醫畢（Bichat）夏理解病理解剖學的創立與意義。傅柯從醫學解剖始終遊走於邊緣禁制的醫學歷史談起，討論屍體解剖在褪去宗教禁忌之後首要獲致的表象價值：客觀、真實、對疾病的描繪無可存疑的超越基礎。病理解剖被賦予某種全新且決定</p>

		<p>性的價值，在醫學的凝視下，疾病只是被動的客體，只有病理解剖方能自發性成為能動的主體，使分析無所保留地適用於疾病之上，打開屍體成為獲得醫學知識的不二法門。至此，死亡的意義也獲得顛覆，死亡不再只是旅程的終點、緘默無聲，僅為記憶中之物。相反的，知識的根源來自於生命的崩壞，正是在死亡中，疾病與生命得以傳達出真實的意義，如傅柯所說：「生命的幽暗於是消解於死亡的清明之中」。</p>
13	201 /12/6	<p>經典閱讀：《臨床醫學的誕生》第九章：〈可見之不可見〉</p> <p>討論議題設定：</p> <p>由死亡的觀點來看，疾病擁有一個原鄉，一個可以被圖示標示出來的領地，一個隱匿但堅固的據點，在其中疾病的親緣關係與影像被型塑確認。弔詭的是，以屍體為出發點的疾病理解使我們感受到疾病活生生的存有，疾病具有一種生命行事，某種不再屬於古老法則的生命，某種具有自身角色與法則的生命。本章節繼續透過病理解剖與組織研究的深入閱讀，討論病理具有的生命，某種超越於疾病之上、直接、現存且可感知的生命。疾病的症候不再以疾病的自然語言進行言說，而只有在醫學考察所指出的種種問題中方能獲得形貌與價值。死亡自此離開古老的悲劇性天堂，成為人類抒發人類不可見之真實的媒介。</p>
14	2010/12/13	<p>經典閱讀：《臨床醫學的誕生》第十章：〈熱病的問題〉</p> <p>討論議題設定：</p> <p>本章節透過閱讀熱病的意義，討論疾病病灶並非就是疾病本身，病灶不過是疾病種屬特質出外顯表現中首先呈現之物，並以此與無任何支撐物的疾病作出區分透過熱病在十八世紀末與十九世紀初在醫界引發的爭議與意義轉變，本章節分析學界爭論熱病由生理機能產生的自我防衛意義，發燒不是疾病的癥候，而是對於疾病的抵抗，從而理解醫學觀看方法的最終要意。</p>
15	2010/12/20	<p>理論閱讀與實例討論 I：從傅柯的臨床醫學考古學觀看流行電視劇《實習醫師》（Grey's Anatomy）與《急診室的春天》（ER）</p> <p>討論議題設定：</p> <p>我們可否在現實生活中導入傅柯的理論與情境理解？近年來英美社會大受歡迎的醫學情境劇是否可以成為我們閱讀分析的題材？電視劇《實習醫師》與《急診室的春天》所揭示的權力架構與權力關係是否可以作為傅柯理論的詮釋？可否在大受歡迎的醫學情境劇現象中，看出醫學權力空間與臨床醫學的演變是否產生變化？</p>
16	2010/12/27	<p>理論閱讀與實例討論 II：從傅柯的臨床醫學考古學觀看流行電視劇《CSI 犯罪現場》（CSI）</p>

		<p>討論議題設定：</p> <p>《CSI 犯罪現場》在北美平均每一集約有 2 千萬個觀眾收看，使得它成為星期一收視第一的影集，也是最多人收看的影集。並且在世界各地都擁有龐大的收視群眾與熱愛的支持者。本章透過觀看與討論《CSI 犯罪現場》，討論病理解剖學在流行文化中的醫學想像。為何生冷的病理解剖得以成為流行文化的圖像？何以病理解剖為流行文化中的死亡褪去禁忌與恐懼？透過傅柯理論的運用，為何解剖刀下的屍體，成為意義產生與詮釋的來源？</p>
17	2011/1/3	<p>期末學生成果發表會 I：當代文學與文化的身體政治與醫學想像</p> <p>Final Project Presentation II</p>
18	2011/1/10	<p>期末考試期末學生成果發表會 II：當代文學與文化的身體政治與醫學想像</p> <p>Final Project Presentation II</p>

三、分組討論或  
教學助理規  
劃

本課程需要申請教學助理乙名，主要工作為整理課程網站討論與作業張貼，授課過程需參與並加入學生討論，課後記錄彙整授課日誌，以供師生進行即時雙向溝通與調整。

詳細工作規劃如下：

(一) 教學助教必須全程參與課程，了解授課內容，並負責帶領小組討論、學期評分，協助教師執行此計畫的其他相關行政與聯絡事項等。

(二) 如何教導教學助理完成課前課後的準備工作：

A. 教學助理訓練：

a-1 教學助理務必閱讀及觀看本校教師發展中心錄製的 PBL 種子教師訓練課程手冊及教學示範錄影。

a-2 教師在各小組討論時，輪流至各小組當觀察員，並於事後與教學助理進行檢討。

B. 課前準備：

b-1 與同學討論之前，教師必須給教學助教鮮明的討論議題，並擬好相關深度討論的問題方向以及補充的研讀資料，以利教學助教了解講義內容。

b-2. 教學助教與同學討論之前必先念完指定閱讀的資料，有任何問題，隨時提出跟老師討論。

C. 討論進行步驟：

c-1. 先就老師上課的內容回顧，並針對上次小組討論同學們所形成的共同問題，進行閱讀及思考後的經驗分享。

c-2. 其次進行下一次上課指定閱讀教材導讀。先就文章內容進行導

	<p>讀，而後開放討論。</p> <p>c-3.開放討論時以腦力激盪的方式進行，讓同學自由地提出他們的問題及看法，討論時由同學中選出一名主席，負責紀錄同學的問題及引導同學歸納大家所提出的問題，使得問題意識更清楚。教學助理從旁協助同學澄清自己所提出的問題，教學助理雖有老師所提供的單元思考問題，但盡量不要強加給同學，待同學們自己形成相關問題的問題意識，或待適當時機適時地引導。切記不要強加問題給同學。</p> <p>c-4 教學助理鼓勵同學對小組所形成的共同問題，進行相關資料的搜集及閱讀，</p> <p>D.課後的整理：</p> <p>d-1.必須紀錄每次的「小組出席勤惰與討論情況表」及「小組討論品質效果評估」兩表格。</p> <p>d-2.「小組討論品質效果評估」表格所設計的內容大致如下：</p> <ol style="list-style-type: none"> <li>(1)同學對指定閱讀的資料內容是否了解？</li> <li>(2)同學是否會主動提問題？</li> <li>(3)小組討論互動的情形如何？</li> <li>(4)同學能否歸納小組同學所提的問題？</li> <li>(5)同學對上一次小組討論所形成的共同問題，是否有作進一步的閱讀？</li> <li>(6)教學助理引導提問時，同學可否就該議題進行思考？討論的結果如何？</li> </ol> <p>d-3.彙整同學的問題，對同學的問題進行分類整理。於上課前給老師，以利老師了解同學的理解狀況及問題。</p>
四、指定用書	《臨床醫學的誕生：醫學知識的考古學》(The Birth of the Clinic: An Archaeology of Medical Perception)
五、參考書籍	傅柯歷年於法藍西學院演講授課書籍
六、作業設計	<p>學生需閱讀指定文本，課程重視參與討論與批判性思考培養，每週課後要求繳交反思日誌，並於 MY TMU2 課程網頁指定欄位中繳交，學期期間需與修課同學共同進行小組報告乙次，針對課程閱讀進度與相關議題進行獨立報告，期末評量繳交英文書寫報告乙份並進行口頭報告乙次。</p> <p>九十九學年度第一學期課程迄今已進行十五次反思作業，資列舉學生反思作業乙份如下：</p> <p style="text-align: center;"><b><u>Weekly Learning Reflection</u></b></p>

Course Title: 醫療與文化 – 傅柯選讀

Instructor: 陳重仁 老師

Lecture Date: November 15, 2010

Venue: 語言教室 1

Student Info. (Name and Student ID): Andy Chuang 莊登棋,  
B101099142

Objectives of lecture or discussion	Note
The objective of this lecture was for us to watch the film <i>From Hell</i> and comment on the medical references made in the film.	
Summary of lecture or discussion	Note
The whole class was essentially dedicated to the viewing of the movie <i>From Hell</i> , coupled with a very brief discussion concerning Jack the Ripper and the cultural reflection of the film.	
Observation and opinion of class discussion or student involvement	Note
There was no student involvement whatsoever throughout the whole class, nor was there any discussion maintained during class today.	
Your learning reflection for this week	Note
<i>From Hell</i> is a cinematic adaptation of the 19 <sup>th</sup> century incident surrounding the connected, widely publicized, killing-spree executed by the infamous murderer, Jack the Ripper. In order for the film to appeal to the general movie-going public, a lot of the actual details pertaining to the case were modified. The surgical precision claimed to have been applied to the cuts on the victims' bodies were in reality blunt and crude cuts made with a cutting instrument that does not resemble a surgeon's tools. Other than the historical inaccuracies of the film, the medical practice of the 19 <sup>th</sup> century was also somewhat explored in the film. Not only are the patients treated horribly, the newly proposed medical procedures were not approved by a board of health professionals, and the initial presentation of the procedures were also observed by the academia like a circus act. In addition to the stark	



	<p>contrast between the health systems of the 19<sup>th</sup> century, other medically related professions also lack professionalism. Unlike the proper coroner, the coroner illustrated in the film was easily disgusted, and did not execute his duties properly. Despite the inaccuracies regarding the Jack the Ripper case, I believe that the film had quite accurately reconstructed the state of affairs the practice of medicine was in.</p>		
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	<p><b>Any comment or suggestion, for your learning and for the class:</b></p>		
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	<p>I really enjoyed watching a film for the duration of the class. Though I am not saying that class is normally bland, I think that changing the pace of the lesson once in a while is a good idea. Taking a break from the complexity of Foucault's philosophical ideas is always a good idea. I look forward to the showing of <i>The Hound of Baskerville</i>, as it is one of my favourite stories of all time.</p>		
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**University Level Curriculum Improvement Project  
Granted by the Ministry of Education**

**Weekly Learning Reflection**

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: September 20, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡(B101099158)

Objectives of lecture or discussion	Note
To discuss the goal and content of this course. To introduce Michel Foucault.	
Summary of lecture or discussion	Note
We will be reading Michel Foucault's <u>The Birth of the Clinic</u> closely during this semester. Michel Foucault is a French philosopher, sociologist, and historian. The unique thing about Foucault is that he refuses to be placed into any particular category of scholar and that he continuously challenges the conventional way of thinking. Throughout this course, we will be discussing how medicine and culture interact to influence the medical system in our society. This includes how medicine becomes a discipline, how patients are examined, and how we regard the ministry of health. When reading this book, it is recommended not to memorize the details but to remember the concepts. Also, dictionary should be used to help understand the concept and not for looking up every single word.	
Observation and opinion of class discussion or student involvement	Note
I thought that the introduction was interesting, and the teacher was very humorous. One of the things I learned today was about the theory on management. I used to think about the number of rooms in a house more as a sign of wealth or as an indicator of family size. Never before have I come across the idea that having three rooms in a residence could be a convenient way for parents to monitor their children. Although I am still not completely convinced, I think it is a very interesting and valuable comment. It is amazing how similar the situation is when I volunteer in an elementary school to help children with their school work – they always give me two children to work with at one time. Two students are easy to work with. I can easily monitor the progress of each child while maintaining some degree of authority. It is also not too few that they start feeling isolated from their peers. The moment when I try to lead four or more children, it becomes more difficult to get their attention without being desperately funny.	

<p>Speaking of rebellious attitudes, I think another interesting piece of information was from the talk on 教育恐吓. Parents try to prevent children from masturbation by fabricating unpleasant consequences such as growing hair on their hands. This produces Spider-man. While this is unexpected, I still think that appropriate 教育恐吓 is beneficial. By appropriate, I mean that one should pay attention to the time, place, and physical and emotional state of the audience. For example, sometimes a doctor should emphasize the seriousness of a disease to raise awareness and to make sure that patients take necessary precautions. By making sure that patients take good care of themselves, we can have less burden on our health care system. However, if a patient is already fully aware of his situation or if a patient is psychologically unstable, then scaring the patients would only cause unnecessary worry and bring negative effects.</p>	
<p>Your learning reflection for this week</p>	<p>Note</p>
<p>The most important thing I should learn at this point is to keep an open mind. With an open mind, I would be receptive to new ideas, no matter how absurd the ideas may seem at first. Next, I should become inquisitive and learn how to evaluate these new ideas critically. Speaking up in class and writing reflective journals will be an important step towards these goals. Foucault is a person of many ideas, and he has pursued many interests in his lifetime. I am therefore looking forward to learning more from his book and from this class.</p> <p>I would recommend the following website for more information on Foucault's life and viewpoints:  <a href="http://plato.stanford.edu/entries/foucault/">http://plato.stanford.edu/entries/foucault/</a></p>	
<p>Any comment or suggestion, for your learning and for the class:  I have done many scientific readings in the past, and I feel comfortable talking about different fields of science. Humanity and culture, however, are two areas of study which I have never tried to explore before. It will be an interesting transition, and I am looking forward to the next class.</p>	

## University Level Curriculum Improvement Project

Granted by the Ministry of Education

### Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: September 27, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
The purpose of today's class is to discuss some of the key words that appear in Foucault's ideas.	
Summary of lecture or discussion	Note
<p>The first concept discussed was the relationship between knowledge and power. Foucault believes that "power is everywhere; knowledge is everything." This means that everything we encounter in life such as magazines or government can be a source of knowledge that regulates our thinking and behavior. Furthermore, Foucault believes that any forms of reform are futile because there are always external factors that influence one's actions. For example, even when a new leader overthrows an existing government, new rules will be in place to regulate people's behaviors, and the lives of citizens will not change dramatically unless the leaders change the ways the country is run. Another example is the education system. What students are learning in school follows a standard curriculum defined by the school. Thus, when students graduate, they will not deviate too much from their peers.</p> <p>Discourse is a generalized word that can be used to explain the relationship between power and knowledge. This includes language, lifestyle, one's understanding, etc. Sexuality describes any moral issues involving gender. This includes abortion, transexuality, rape, homosexuality, and so on. Population and sexuality is related as regulating one would</p>	

<p>inevitably regulate the other. Governmentality discusses how a government operates. A government must set policies for people to follow. To do this, the government must also create punishments and rewards to ensure people abide by these rules. Discontinuity and archeology is the concept that our history should not revolve around celebrities but around the majority, i.e. the common citizens.</p> <p>Normality describes what society expects to be the standard, and the consequences that follow if one does not follow the norm. Foucault explains in his book that it is important to understand the abnormal before trying to manage them.</p>	
<p>Observation and opinion of class discussion or student involvement</p>	<p>Note</p>
<p>I thought the class participation was good. There were some abstract ideas that would be hard to comprehend without tangible examples, and the class discussion supplemented these ideas. Students were less willing to speak at first. However, once someone begins to talk, other students are more likely to continue the discussion.</p>	
<p>Your learning reflection for this week</p>	<p>Note</p>
<p>The frontpiece from Andreas Vesalius' 1543 <i>De Humani Corporis Fabrica</i> marks a pivotal moment in the history of anatomy. This frontpiece shows Vesalius performing an autopsy on a female cadaver and giving a lecture on anatomy to his students and spectators. In this picture, we see enthusiastic pupils fighting to get close to the dissection table, but we also see people who decide to look away from the autopsy. The animals (the monkey and the dog) in the foreground reflect prior approaches of comparative anatomy.</p> <p>Before Vesalius' time, the knowledge of anatomy was based on Galen's inaccurate claims. All of Galen's findings, however, were based on animal dissections and were unable to reflect what actually goes on inside human body. However, for a long time, no one doubted Galen's claims. Vesalius disproved many of Galen's claims by relying on his own observation of human body. In 1543, Vesalius performed the first public dissection of a human cadaver.</p> <p>The observation that all the scholars before Vesalius believed in Galen's claims supports Foucault's concept of "knowledge is everything; power is everywhere." Because animal dissection was the only thing available to Galen, Galen based his ideas on this "knowledge". Then because scholars of the time were exposed to Galen's ideas during schooling, it becomes</p>	

difficult for these scholars to challenge this knowledge. Moreover, Galen's teachings have been so engraved in their brain that they make more false claims in support of Galen's thinking. In the case of these scholars, we see how "knowledge" is so powerful that sometimes it can disguise the truth. Versalius, however, discusses his findings based on what he observes, and he teaches his students not by lecturing, but by demonstration so that his students can observe directly for themselves.

I thought that Versalius' contribution to medicine was more than an anatomical textbook. He has revolutionized the previous understandings about human body. While previous human studies were based on comparison with similar animals, Versalius used a more direct and reasonable approach. His correct depiction of human body laid foundation for the field of physiology and pathology, much like the discovery of DNA structure by Watson and Crick led to today's thriving field biotechnology. This reminds us that science should be about re-evaluation and progression rather than about mere absorption.

Any comment or suggestion, for your learning and for the class:

I am looking forward to reading the book.

## Weekly Learning Reflection

Course Title: Medicine and Culture- reading Foucault

Instructor: 陳重仁老師

Lecture Date: October 4, 2010

Venue: 語言教室(一)

Student Info. (Name and Student ID): 林宜衡 b101099158

Objectives of lecture or discussion	Note
The goal of today's class was to discuss the concept of gaze and the thinking of two philosophers Descartes and Lacan. The teacher also led the class to read the beginning of the Introduction of the book during the second half of the class.	
Summary of lecture or discussion	Note
<p>To gaze (French: regard) means to examine critically, usually with some display of power. A girlfriend may look at her boyfriend suspiciously and question him of his whereabouts during the previous night. This exemplifies "gaze" because the girl is looking for details from her boyfriend, and there is some display of a power relationship.</p> <p>Jacque Lacan is a psychoanalyst and philosopher who lived in the same period as Foucault. His influences on Foucault was revealed through Foucault's writings.</p> <p>Descartes is a scholar of the enlightenment era. He believes that humans are rational beings who are able to categorize everything else into a system. For example, we can organize our knowledge into encyclopedia. "I think, therefore I am" means that because humans are the rational beings, humans are the centre of the universe and have the power to examine and define everything else.</p> <p>On the contrary, Lacan holds the belief "I think, therefore I am not." That is, the action of examining and defining is bidirectional. As we see the world, the world sees us. Hence, we should not think of ourselves as the centre of the universe because what we believe as the truths are only based on what we see - there are many other things that we have failed to notice. For example, the reason why the Europeans used to believe that they were superior to other ethnic groups was because they could not see the excellence others have demonstrated.</p> <p>"The birth of the clinic" is a book about language, space, and death. Language is what you use to record your observations. Space can refer to the space we use to construct places like hospital. The book also examines how we look at death and whether death should be regarded as a</p>	

beginning or an end of life.	
Observation and opinion of class discussion or student involvement	Note
<p>I thought that the discussion was effective in illustrating Lacan's idea. We live in a multidirectional society, and what we do is continuously being observed by others. The process of defining is done by many people at the same time. For example, every group member has his own evaluation of his peers. As another example, fashion is a concept that is evaluated by numerous stylists and is redefined every year.</p> <p>What Lacan taught me was that whether as a human or as a medical practitioner, we should always be more humble. As a medical worker, we should be trying to cure the person, not the disease. For example, people used to associate madness as a diabolic symbol and alienate these mad people. It was not until later on that people begin to realize the biological cause behind mental disorder. Facilities were then built to give these patients better care environment. Similarly, we should try to understand a smoker's motive before chiding him for placing burden on our health care system. Because there are so many factors one needs to examine before making any judgement, it makes fields like ethics hard to define.</p>	
Your learning reflection for this week	Note
<p>From the Introduction of "The Birth of the Clinic," I learned that medicine is a discipline that is subject to experience and technology. In the old days when microscopes were unavailable, diagnosis was done by naked eyes, and it was improbable to make accurate judgements. Once technology evolved, however, doctors were able to make more precise observations and come up with more convincing arguments to explain the cause of diseases. As our understanding of human body grows, the field of medicine also thrives. As a result, physician has become a respectable and authoritative career.</p> <p>I have encountered several difficulties while reading this section. There are several places where Foucault mentions names of people I am unfamiliar with, such as Malebranche, Kant, and Nietzsche. Because I do not know these people, I find it hard to see the connection between the points Foucault is trying to address.</p> <p>The language that Foucault uses is also confusing to me. It seems to me that he uses words differently from everyday usage, and he does not try to explain these words (at least not explain them enough for me to</p>	



understand). For example, I am not sure what he means by "signified" and "signifier". I am also not sure what he means when he uses the word "commentary". The way Foucault phrases his sentences makes it even harder to understand this section.	
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Any comment or suggestion, for your learning and for the class:

I wish Foucault could write his book more simply. I only had enough time to read over the Introduction three times. This is clearly not enough for me to understand what Foucault is trying to express. If possible, I would like to spend more time reading due to the difficulty of this book.

## Weekly Learning Reflection

Course Title: Medicine and Culture- reading Foucault

Instructor: 陳重仁老師

Lecture Date: October 11, 2010

Venue: 語言教室(一)

Student Info. (Name and Student ID): 林宜衡 B101099158

Objectives of lecture or discussion	Note
The goal of today's class is to continue the reading and discussion of the Introduction of Foucault's "Birth of the Clinic".	
Summary of lecture or discussion	Note
<p>Rationality allows one to systematize knowledge and to produce coherent language based on one's observations. Today's medicine seems to be rooted on the concept of rationality. The concept of 'liberal' medicine further encourages doctors to regard patients as equal, despite their personal background. At the first sight, this is a fair system - patients are not being discriminated against because of their religion, family history, or race. The extreme of this, however, is the wrong approach to a doctor-patient relationship. In Foucault's view, medicine cannot be a completely unbiased practice. Patients should not be observed like a star or a laboratory experiment.</p> <p>Language, however, is not always a rational tool in medicine. Medical language is often subjective to doctor's judgement and hence not neutral. What is said does not always reflect the original intention, and much of this interpretation relies heavily on a process of elimination that is based on our observation and understanding. Only after we eliminate the impossible do we come to a conclusion that is reasonable to us. As a result, we come across terms such as "signified" and "signifier". For example, we have associated a red cross as a symbol of hospital. But without the appropriate cultural context, this interpretation would not be possible. The link between the signifier with signified is therefore arbitrary, and this association is replaceable with time. Hence, the understanding of medical language is subject to each person's experience and preference.</p>	
Observation and opinion of class discussion or student involvement	Note
The teacher was trying to help us understand the Introduction, so today's class was in the form of a lecture. There were not many opportunities for students to participate. However, I thought today's class definitely helped me understand this section.	

Your learning reflection for this week	Note
<p>We organize our knowledge through classification. In Haeckel's picture, we see how all the life forms on Earth are categorized according to their characteristics. The tendency for humans to characterize knowledge is seen in many fields of study. For example, in chemistry, we organize all matter into atoms, molecules, and mixture. Also, we arrange the books inside a library according to the subject they deal with. Inside a hospital, we also see similar classification. Not only do physicians specialize in different area of medicine, they are also classified according to rank. This rank determines their level of responsibility and their role in patient care. Thus, medicine is a highly structured discipline. In chapter one, Foucault mentions how the study of anatomy lays the foundation of modern medicine. By dividing our human body into different organ systems, we are able to associate each disease with a particular part of the body, and this enables us to come up with a clearer description of disease.</p>	
<p>Any comment or suggestion, for your learning and for the class:  I am able to understand the Introduction much better now. There are not many key points, but Foucault tends to repeat his arguments in very verbose and difficult statements. This makes reading his book very frustrating. I am convinced that he has some very interesting viewpoints, but I often wonder why he could not express his opinions in a more concise language. Anyways, I hope that I can get used to Foucault's style of writing soon, so I can better understand the following chapters before each class.</p>	

## Weekly Learning Reflection

Course Title: Medicine and Culture- reading Foucault

Instructor: 陳重仁老師

Lecture Date: October 18, 2010

Venue: 語言教室(一)

Student Info. (Name and Student ID): 林宜衡 B101099158

Objectives of lecture or discussion	Note
The objective of today's class is to discuss chapter 1 of "Birth of the Clinic".	
Summary of lecture or discussion	Note
<p>Although the history of medicine extends back to 2000 years ago, modern medicine is only about 200 years old. What separates modern medicine from traditional medicine is that modern medicine is based on nosology, or the classification of disease. This classification is according to the anatomical position inside the body, and diseases are identified because of their resemblance with other diseases in the same anatomical position. Hence, since the beginning of the 19th century, doctors have to begun to diagnose and treat diseases according to the physical location with which the disease is associated. No longer is patient background or history taken into consideration. Patients, therefore, have become objectified and treated equally.</p> <p>The drawback is that the patients are being objectified by doctors. Doctors may no longer care about the lifestyle of patients, or their history of disease. What doctors care about is what they can see at the moment, and they may only attempt to deal with the present symptoms. Furthermore, instead of performing a complete review of the patients, doctors may only obtain an "abstract". In doing so, doctors become standardized, and there is no difference between one doctor and the next. What follows is institutionalized medicine. That is, the implementation of public health policies. All doctors receive the same training in order to give the same treatments to each patient. Both doctors and patients are regulated strictly in this process to ensure individual health and progress of society. Whether or not this is beneficial to the patients is still up for debates.</p>	
Observation and opinion of class discussion or student involvement	Note
The objectification of patients probably seems inhumane. However, modern medicine is built upon scientific proof (evidence-based medicine). In terms of treating diseases that would have been incurable back then, we have come a long way and demonstrated the efficacy of modern medicine. This progress	

<p>would not have been made without a strict regulation of how human experiments are supposed to be carried out. Because modern medicine is based on science, it makes sense for doctors to screen patients with an objective eye. Subjectivity is allowed when it does not interfere with making proper judgements for the patients. Having said that, I do agree with the class that a full patient history should be reviewed in order to make the best decision for the patient. This is because our concept of disease has changed. Disease is not something that is tied only to one anatomical location within the body. Hence it is important to look at the entire patient profile.</p>	
<p>Your learning reflection for this week</p>	<p>Note</p>
<p>Foucault's idea seems to be that a doctor-patient relationship should not be only about a "glance" but also about more intimate interactions. Doctors should not examine patients from a detached point of view but should take a more personalized approach. From this standpoint, we can assume that Foucault is against the nosology of medicine, against the undifferentiated doctor-patient relationship, and against institutionalized medicine.</p> <p>It is not uncommon in today's newspaper to read about doctors who are not being compassionate enough. Just last week, I heard about a doctor who informed a teenage patient of her cancer diagnosis without considering whether the girl could handle the stress of this news. If doctors continue to "glance" at patients, this is bound to happen again. However, I do not think this says against institutionalized medicine. What this says is that there are still rooms for improvements. Evaluating a patient's psyche is just as important as giving diagnosis and offering treatments, and this is why courses on communication skills and medical ethics have begun to find their way into today's medical curriculum.</p> <p>I'm not saying that doctors do not have to be compassionate, simply that it is impossible to ask everyone to be compassionate. For doctors who are already taking a personalized approach, thumbs up. For those who are not, that is why we have institutionalized medicine to ensure that all patients receive standardized treatments, which should include holistic care.</p>	
<p>Any comment or suggestion, for your learning and for the class: Not really. It's been great so far! =)</p>	

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: October 25, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
To examine the historical background of social medicine in the nineteenth century.	
Summary of lecture or discussion	Note
Today's lecture begins with a small-group presentation on political consciousness. The concept of public health takes its shape when the country begins seeing its citizens as a collective entity during the 19th century. In order for a country to be strong, all citizens must be healthy to be productive. Because poor people were regarded as the source of diseases, it was believed that these people must be regulated. As a result, several government policies were implemented, including Poor Act, Public Health Act, Factory Act, and Contagious Disease Act. Though seemingly positive, these regulations drive fears of epidemiological diseases into citizens' mind and use segregation of the poor to control and exploit the working class. Facilities such as workhouses are an example of such exploitation and philanthropy. The separation between classes became more distinct as a result.	
Observation and opinion of class discussion or student involvement	Note
1) In the nineteenth century, people became more and more aware of the importance of sanity. It used to be that people would dump any waste water onto the road or into the river, and this cultivates the spread of disease. Many people died because of this. As people became aware of the cause of epidemics, better measures were taken such as the later installation of toilets and sewage system. Hence, studies in the field of public health were essential to the development of modern society. The concept that a healthy population gives rise to a productive nation is still true. 2) I realized how the ancient western medicine is not so different from the ancient Chinese medicine. Both aim to maintain a balance in the body. Galen and Hippocrates believe that a patient can become healthy by maintaining a balance among the four humours. Similarly, Chinese medicine attempts to balance "陰陽" and "五行" inside the human body. Although both systems are not necessarily scientific, they are based on numerous	

experience that is built up over a long time.	
Your learning reflection for this week	Note
<p>It is sometimes amazing to learn how much influence a doctor can play in society. Doctors in the Galenic period were not well-respected because their practice was not always rational and oftentimes fail. As the knowledge and skills of a doctor expand, people began seeing doctors as an authoritative figure. This idea that knowledge is power was discussed during our first class. The power of doctors became so significant in the 19th century that the government was able to take advantage of this to manipulate the poor.</p> <p>Yet in Taiwan nowadays, we begin hearing more and more doctors complain about their depreciated quality of life and the lack of respect received from the patients. As patients begin to understand more about their body, they no longer play a passive role in the patient-doctor relationship. The power is gradually shifting, and there is a struggle between the doctor and the patients to possess the control in the patient-doctor relationship. This trend will continue as long as patients become more and more educated both in health and in law. In a way, this could be positive because: (1) people are becoming more aware of their rights as a patient, and (2) this could be a driving force for doctors to get into medical research if they want to regain the respect and control in the patient-doctor relationship.</p>	
<p>Any comment or suggestion, for your learning and for the class:</p> <p>I thought today's lecture is very important in helping us learn the historical background of "the Birth of the Clinic." Thanks!</p>	

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: November 1, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
To continue discussig the social and political contexts in Foucault's period.	
Summary of lecture or discussion	Note
<p>In continuation of last week's class, we continue to explore the idea of surveillance. Charles Dickens in his work often includes descriptions of slumdogs. The prosperity of these places faded as people moved away to bigger cities. People in slumdogs live in sub-optimal conditions, and hygiene conditions are not ideal. As a result, slumdogs are the thorn in the side of government as they are believed to be the source of epidemics. As we discussed last week, government policies such as the Poor Act, the Factoy Act were established to target these places.</p> <p>Jacque Lacan's idea that the same object is defined by multiple people is critical in overcoming the traditional beliefs of centrism.</p> <p>Jeremy Bentham believes that in order to help prisoners improve, the society must instill a kind of fear in these prisoners' mind. This kind of fear tells the prisoners that they are continuously being watched, and they will be punished if they deviate from the social norm.</p>	
Observation and opinion of class discussion or student involvement	Note
<p>There were not many oppotunities for student involvement today. However, I really enjoy this kind of lecture where we learn about interesting historical figures and events, especially since history is one of my weak spots. Of course, this kind of lecture also allows us to better comprehend Foucault's motivation.</p>	
Your learning reflection for this week	Note
<p>The idea of panopticon demonstrates the notion of power. Inside a panopticon, prisoners do not know whether and when they are being watched. As a result, they must always behave if they would like to avoid punishments. Indeed, this fear hinders people from performing malicious deeds. At the same time, they may not truly understand the reason behind every action.</p>	



While I do not like the idea of using fear to educate and regulate people, it is without doubt the most time-efficient method to manage a large group of people.

The idea of panopticon appears in several classical novels such as “1984” and “The Brave New World” as a way to repress communism. At the same time, we also see panopticon in our everyday life. For example, we install security cameras in every corner of our school’s dormitory. While the open aim of these cameras is to deter strangers from wandering into our dormitory, it is really being used to note inappropriate student behaviors (partying, staying over, etc). This system is certainly effective in regulating the majority of the student body; however, there are still few students who cannot withstand having to always stay alert in this environment, and they quickly learn to bypass the security system or simply vandalize the security cameras, which indeed has happened multiple times.

Despite the success in panopticon, we should also find its inability to convince everyone of the population. Idealistically, our education should focus on reason rather than rules. As a side, I think in order for panopticon to be truly effective, the punishment has to be severe – one that affects the citizens’ health and therefore their life quality, as observed in the implementation of Public Health Act, for example.

Any comment or suggestion, for your learning and for the class:

No comment.

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: November 8, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
To contrast medicine in the Hippocratic period and in the 18 <sup>th</sup> century. To read and discuss chapter 3 of "Birth of the Clinic".	
Summary of lecture or discussion	Note
<p>Hippocratic medicine is system-based. The concept of a person's "wholeness" was emphasized. That is, doctors might inquire about the patient's personal background before giving treatments. Hospitals were centralized in the sense that they were few and located only in large cities.</p> <p>Since the 18<sup>th</sup> century, medical practitioners have become authoritative figures. Patients have become the targets of doctors' scrutiny. Government has since involved, and public health policies were implemented with an ultimate goal to improve the nation's economic growth. Doctors began examining patients on a case by case basis. Hospitals became decentralized in the form of clinics.</p>	
Observation and opinion of class discussion or student involvement	Note
I got a little bit confused during the small-group presentation as I was not sure what the theme of the presentation was. I think it may be helpful to give critical feedbacks after the presentation (any suggestions on how to make effective presentation) to prepare all of us for the term project.	
Your learning reflection for this week	Note
<p>The transformation from Hippocratic medicine to modern medicine is necessary as people have become increasingly aware of the concept of public health. It soon became obvious to government officials that in order for the population to stay healthy, medical care must extend to everyone in the country. Hence, decentralized clinics were established.</p> <p>Even until today, the availability of health care is something that we still need to work on. As preventative health care is much more effective and much less burdensome than therapeutic health care, we need to establish a method to quickly deliver health care to those who need it. However, there are many rural regions in Taiwan where medicine is not available for several reasons. The most obvious reason is the reluctance of doctors to serve in</p>	

those places. Another reason is that it is nearly impossible to deliver all the medical equipment and supplies to those areas. To resolve this problem, countries like mainland China are looking into the option of telehealth. In the future to come, we expect to see more incorporation of communication technology into our health care system. The point is, medicine will soon become even more decentralized with the help of information and communication technology. Medicine is bounded by the limits of technology, and it is exciting to see where our technology can lead us.

Borrowing ideas from Hippocratic medicine, Foucault's argument that doctors should be treating "people" rather than "cases" is valid. Humanized medicine (人性化醫療) is what we are looking for today, and Hippocratic Oath is something all medical practitioners should bear in their mind. However, medicine will reform not only in the attitude of doctors towards their patients, but also in the way doctors see diseases. Personalized medicine (個人化醫療) is a concept that will appear more frequently in today's post-genomic era. As we crack the genomic code, it is starting to become apparent that human diseases are much more complicated than we can effectively classify. With the introduction of personalized medicine, the ideal of humanized medicine should become easier to achieve.

The progression of medicine through time is interesting to follow. Medicine has transformed from Hippocratic, Galenic, 18<sup>th</sup> century, to today's post-genomic era. As we continuously borrow ideas from the past, it is evident that each successive era could not be possible without previous ones.

Any comment or suggestion, for your learning and for the class:

No comments.

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: November 15, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
We watched the movie "From Hell".	
Summary of lecture or discussion	Note
<p>The movie "From Hell", is based on the story of Jack the Ripper, a serial killer best known for the murder of several prostitutes at the East Side of London near the end of the nineteenth century. The movie interprets the serial murder as a royal conspiracy, a plot attempting to cover up the despised affair between Prince Edward Albert Victor and a prostitute named Annie Crook. Inspector Abberline, who has the supernatural ability to foresee a crime scene with help of opium, gradually uncovers this conspiracy as he falls in love with the Ripper's last target – Mary Kelly. Mary Kelly is able to get away before the Ripper comes to her, and the Ripper kills a French prostitute by mistake. At the end of the movie, Mary Kelly lives with Annie's daughter Alice in a small village where she originally comes from. The Ripper is revealed as Sir William Gull, the Queen's personal physician, and is lobotomized by his fellows in the secret Freemason sect. To save himself from the agony of not being able to see Mary Kelly again, Inspector Abberline kills himself with an opium overdose.</p>	
Observation and opinion of class discussion or student involvement	Note
<p>Jack the Ripper has been a fascination to many people over many years. Many speculations and theories about the identity and motivation of the Ripper were proposed, and it is certainly interesting to have an opportunity to see one of the adaptations of the story.</p>	
Your learning reflection for this week	Note
<p>From the movie, we confirm our conclusion that "knowledge is power", especially in the discipline of medicine. The very first medical element in this movie is the lobotomy operation on Annie Crook. Here, we see a display of complete power over Annie Crook, who is unconscious and under the control of a young surgeon. During the operation, Sir William Gull is explaining the operation to young medical students on the other side of the viewing window</p>	

at the top of the theater. Not only do we see a passing down of medical knowledge through an inflexible hierarchy, but we also get a hint of regulation. Annie Crook, who the medical students are told to be crazy, must be regulated to follow the norm. This regulation is crucial, especially in this movie, as it ultimately ensures the proper function of the country. Moreover, being the patient, she is under the gaze of medical professionals. This gaze is not reciprocal.

Medicine once again is seen as an authority during Inspector Abberline's meeting with Sir William Gull. Using terms familiar only to the professionals in medicine, the doctor knowledgeably deduces the weapon of murder and explains the comeabout of a Liston knife. Then, when Abberline shows Sir William Gull the surgeon's report of the victim, the doctor uses even more technical terms to come to the conclusion that the killer should be educated in anatomy. Until the identity of the killer is revealed, Sir William Gull represents a wise authoritative figure who provides Abberline with important clues to solving the mystery.

Because of the unyielding respect people give to doctors, it makes it harsher and more terrifying for the commoners and audience to realize that the "healers" have now become the "killer". The image of the Ripper is a tall man wearing back hat and black cape, and he offers grapes to the victims before their death. All of this leads to the suggestion that he is a wealthy upper-class man. However, the high social status of the Ripper makes him the fitting character to punish the low and filthy. Exactly like how the government uses Public Health Act and Factory Act to constrain working class citizens, with the end consequence of creating more segregation between the rich and the poor, the Ripper becomes the enforcer cleaning up prostitutes from the street. Despite the cruelty of the mutilation, many spectators do not feel sympathy towards the victims because of the latter's social status and filthy career. In a way, these citizens "expect" these prostitutes to be punished and regulated.

Anatomy is used as a tool to punish the prostitutes. As the plot unravels, the audience is told that the killing and mutilation of the body is a Freemason ritual used to punish traitors. When the Ripper is committing the crime, the audience cannot fail to notice his persistence and determination to complete the dissection like an artwork. He brings his amputation kit, and he uses different knives for cutting different parts of the body. He is careful and precise about his work. The process of mutilation is professionally done, and it resembles the classification system used in medicine, as different instruments are suitable for dealing with different organs.

Near the end of the movie when the Ripper kills Mary Kelly, the scene flashes back and forth between the crime scene and an open dissection at an anatomical theater where Sir William Gull is rationally explaining to the students about the heart. This cinematic presentation makes the audience believe that Sir William Gull is crazy – The Ripper is not just carrying out the Queen’s order, he is also punishing the prostitutes for their unlawful behaviors. We have already seen Versalius’ painting (the Frontpiece) about the anatomical theater. While the intent of holding an open dissection is to pass down the knowledge of anatomy, people have come to believe that it is also a public punishment, as the corpse being dissected is of executed criminals. Over time, the open dissection instills a fear in citizens’ mind: if citizens do not behave, they may one day end up as the target of open dissection. Medicine as a discipline to manipulate and regulate people is observed also in Foucault’s beliefs and has been discussed multiple times in class.

In summary, “From Hell” uses many medical elements to parallel Foucault’s beliefs. It displays the unviolated hierarchical structure and classification system of medical education. It demonstrates the uttermost respect people pay towards physicians because of the knowledge they possess. Finally, it portrays how medicine is used to instill fear and regulate people to ensure the longevity and flourish of the nation.

Any comment or suggestion, for your learning and for the class:

I must say I am relieved that the movie is not as scary as I originally expected. Many scenes of killing and mutilation were only implied. However, because I am not a big fan of thrillers (especially those that involve serial killings), I do not think I would like to see this movie again.

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: November 22, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
To continue our reading of chapter 4.	
Summary of lecture or discussion	Note
<p>-We went over the expectations of giving a small-group presentation. -We looked at some sample term projects of previous year.</p> <p>-Some textbooks on history of medicine were introduced.</p> <p>Even though medicine has existed for a very long period of time, it was not until the 18<sup>th</sup> century that people began to appreciate medicine as a discipline of study. This is because 18<sup>th</sup> century marks the time when observations and patient history began to be formally documented. Because of this documentation, medical education has also changed in its approach to learning from books. Clinics provide a learning environment for the doctors. Language of medicine is a secret which only the professionals understand. The training process to become a doctor has become simpler because students no longer have to learn everything from scratch by bedside observation.</p>	
Observation and opinion of class discussion or student involvement	Note
I thought the tips for giving small-group presentations were really practical as our group prepares for our presentation tomorrow. Hopefully it will go well, and people will like it.	
Your learning reflection for this week	Note
Because of the use of gaze and language, medical professionals have been able to categorize diseases and pass on medical knowledge to the next generation of doctors. Hence, new doctors can learn from this organized information when they are being trained in medical school. I think we are very fortunate as students today because we no longer have to learn by first-hand observations. The reason I used the word "fortunate" is because doctors before modern medicine had to gain their knowledge by clinical experience, and they may already be old before becoming a successful doctor. They also used to learn about different philosophical schools of	

thoughts. Trying to fit these over-simplified philosophy to the complex human system could be without evidence and oftentimes lead to ineffective results. The hospital setting is also critical in the learning process, as hospitals collect patients so that doctors can make meaningful observations on these patients.

I would say that modern medicine has transformed to yet a more rigorous discipline. Today, we have a very strict system of performing medicine. For example, before we can use a drug in clinic, we have to test it against different cell-lines and animal models before proceeding to clinical trials. This ensures that the safety of the patients is placed at a high priority. Hence, we see how evidence-based medicine and patient-first principles are becoming the central dogma of today's medicine.

I thought of two topics which I could do for the term project: (1) The "prison" system in the film "Shutter Island", and (2) Doctor-patient relationship in the film "Patch Adams". I am still in search for the third idea. (I am sorry about this... I have been preparing for a few reports and presentations during the week, so I have not had much time to go through many videos.)

Any comment or suggestion, for your learning and for the class:

I like the part where the teacher introduced good textbooks on medical history. Unfortunately, I was only able to find the Chinese version of these books in the school's library. I have already started reading Porter's "Blood and Guts", which is very interesting, and I also find these books useful source of reference when reading Foucault.



## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: November 29, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
Small group presentation on "Seeing and Knowing" Discuss romanticism Continue reading chapter 4	
Summary of lecture or discussion	Note
<p>After our group's presentation, the teacher discussed the two schools of thoughts, empiricism and rationalism, in more detail. Romanticism in the 18<sup>th</sup> century suggests that every individual has an "inner eye", or "inner force", and once this inner force is enlightened, the individual can have the ability to do anything his heart sets to do. This realization leads to the belief that the peasants are just as good as the kings. Historical impact of this system of thoughts is exemplified by the French revolution.</p> <p>The question then comes down to how this inner force can be activated. It seems to be the common belief that this activation process is correlated with one's innocence. Hence, as one ages and becomes "polluted" by the social surrounding, one becomes less likely to be enlightened. Children, on the other hand, have more potentials. Hence, "the child is the father of the man."</p>	
Observation and opinion of class discussion or student involvement	Note
None.	
Your learning reflection for this week	Note
<p>I actually like the romanticism belief that every person holds the key to limitless opportunities because it is a more optimistic view of life. However, as we age, our ability to learn and to create declines because we become more confined by our experience and education. On the other hand, children are so naïve and innocent that they are more able to become anything they want to be.</p> <p>Although optimistic, this view is unrealistic. Unfortunately, in order for our society to function effectively, we should be able to make accurate predictions of what is to happen. No matter what we do, there is always a certain</p>	

degree of “expectation”, which allows for the delivery of “quality” to the audience. For example, the way doctors make diagnosis and treat patients needs to be standardized such that patients receive the same treatment no matter which doctor they choose to see. What this means is that there will no longer be much difference between “good” doctors and “bad” doctors (in terms of skills and knowledge). This trend will be observed more and more with the intervention of technology. Already in the surgical field, we observe new devices such as cyberknife, image-guided surgery, da Vinci robotic surgery, and so on. These new technologies will allow even the inexperienced doctors to complete their task satisfactorily with assistance of computers. The advantage of these computer-assisted technologies is that doctors now take less time to complete their training, and these doctors can therefore put more emphasis on humanized approach in their practice.

Regardless of technological intervention, we also find that training is necessary for each different occupation as our understanding of the world becomes more and more complicated. As was mentioned in class, Dr. Watson does not “see” the same thing as Sherlock Holmes because he is not trained to think like a detective. Similarly, Sherlock Holmes would become helpless if placed in front of a patient. This process of training becomes important as we recognize the importance of human rights. Every professional is assigned a responsibility to take care of his patient/client/customer/... and failure to look after the needs of these clients can lead to punishment by various means, one of which is law. Therefore, we need training.

I actually have my heart set on presenting the film Shutter Island since a few weeks ago, but some alternatives include investigating the doctor-patient relationship in the following:

- 1) Grey's Anatomy
- 2) Lorenzo's Oil
- 3) White Tower

Any comment or suggestion, for your learning and for the class:

I am really glad that our group’s presentation went well. We have spent much time coming up with the materials, and I put many efforts going through history of medicine, trying to pick out examples that could support our ideas. I actually find this process of research enjoyable as I have the freedom to direct my own learning.

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: December 6, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
To discuss the mechanism of term project. To discuss signified and signifier To read chapter 6 of "The Birth of the Clinic"	
Summary of lecture or discussion	Note
<p>The first half of the class is devoted to how the term project should be handled.</p> <p>We then talked about linguistic terms: signifier and signified. The symbol is open to interpretation based on a combination of different contexts: religion, culture, experience, etc. The link between signifier and signified is weak and can easily be reshaped with new understandings.</p> <p>The coinage of medical language, however, should not be arbitrary. The formulation of medical language is based on experience and scientific numbers. The medical language formed this way would be incomprehensible to the untrained. However, once a medical student completes his training, he would be able to make sense of the signs of patients. For example, without training, it is unlikely that a commoner could interpret an X-ray image or determine the significance of his observation.</p> <p>Modern medical education is in contrast to the holistic approach to therapy. The doctor examines the entire patient body looking for signs, which have been placed into different categories according to affiliated diseases (nosology). Again, the assignment of meaning to the observed signs is not possible without training, which is inaccessible to the patients. Because doctors hold the monopoly of this medical knowledge, they then have the power to make decisions for the patients and alter their life.</p>	
Observation and opinion of class discussion or student involvement	Note
<p>I thought the decision process was taking a little bit longer than needed. I understand that the problem is mainly because of the fact that we need to give presentation outside of regular class time, and I really appreciate the teacher's willingness to let us make our own decision, but I would prefer to spend the same time discussing Foucault. However, I think the discussion process could in some way reflect Foucault's idea about power. =D</p>	

Your learning reflection for this week	Note
<p>I would like to discuss Shutter Island for my term project. After seeing the other movie, "The Departed", I find myself liking the combination of Martin Scorsese and Leonardo Dicaprio. (I have not had the chance to see the original Hong Kong version, unfortunately.)</p> <p>I first saw this move in the summer and found myself in love with the storyline. I thought the portrayal is vivid despite some exaggeration. This movie talks about Leonardo as a marshal investigating the missing patient from the mental facility. There are many flashback and hallucination moments throughout the movie that are related to Leonardo's life. As Leonardo investigates the case, he raises many doubts about the validity of the facility, including the secret operation of human experiment. In the end, it is revealed that Leonardo himself is a patient of the facility and is sent for lobotomy.</p> <p>Because Foucault also talks about madness and regulation of mad people, I would like to discuss the elements in the movie in this direction.</p>	
<p>Any comment or suggestion, for your learning and for the class:</p> <p>I have workstudy placement starting at 12pm, so it is becoming a little frustrating how the class always goes overtime for these weeks. (I am terribly sorry that I have to walk out on the teacher two weeks in a row...)</p>	

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: December 13, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): 林宜衡 (B101099158)

Objectives of lecture or discussion	Note
-To introduce the electronic database of academic journals at TMU -Guided reading of chapter 7: Seeing and knowing -Small group presentation on chapter 8: Open up a few corpses	
Summary of lecture or discussion	Note
<p>The use of language is important in the field of medicine. In contrast to Hippocratic period, where people used to believe that education is redundant, modern medicine is highly dependent on this “passing on” of knowledge. This knowledge is encoded in the form of language. However, not everything you observe can be easily expressed into words, and this leads to ambiguity and misinterpretation during communication.</p> <p>Interpretation of language cannot stand on its own. Rather, we use mechanisms like compare and contrast to help us make sense of each concept.</p> <p>During small group presentation, the presenters discussed several anatomists in history, including Da Vinci and previously discussed Galen and Versalius.</p>	
Observation and opinion of class discussion or student involvement	Note
<p>Expressing and communicating effectively is a very important skill which I still need to work on because as mentioned in this chapter, non-exhaustive description can often lead to misinterpretation. However, over-explanation of a simple concept can also be undesirable as the focus or readers’ attention may be lost during the unnecessary tedious process. Such is the case with this book. I have often found that philosophers tend to exaggerate a simple concept into incomprehensible terms. Interestingly, while this book may be incomprehensible to regular students, it can obviously lead to healthy and interesting debates among scholars in the field. Eventually, philosophy, just like medicine, becomes a privilege for the trained.</p> <p>While commoners can try to read about health-related information in health guides and pamphlets, they cannot understand diseases the same way doctors do. This is just like what the teacher said in class: the patient cannot express to the doctor what “type” of pain he is feeling because he is not professed with the language to describe different kinds of pain. (Actually, I used to be a first-aid</p>	

<p>attendant in my high school in Canada, and the exact same thing happened to me when I was dealing with a grade 8 boy – he had no idea how to classify and describe his abdominal pain. =/)</p>	
<p>Your learning reflection for this week</p>	<p>Note</p>
<p>Because the film Shutter Island explores the conflict between a mad person and his surrounding, I have begun my literature search using keywords “madness” and “regulation”.</p> <p>3 citations:</p> <p>1) Turkel, Gerald. Michel Foucault: Law, Power, and Knowledge. Journal of Law and Society. 17(2): 170-193 (1990). This paper discusses Foucault's perspectives on the place of law in society. It also discusses normality. I find the opening quote of this paper strong and attractive: "The judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the 'social-worker'-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements."</p> <p>2) Sullivan, Robert. The Birth of the Prison: Discipline or Punish? Journal of Criminal Justice. 24(5):449-458 (1996). This paper critiques on the modern prison system, borrowing support from Foucault's book: “Discipline and Punish”</p> <p>3) Garland, David. Foucault's Discipline and Punish – An Exposition and Critique. American Bar Foundation Research Journal. 1986: 847-880 (1986). Another critique on Foucault's book.</p>	
<p>Any comment or suggestion, for your learning and for the class: I really appreciate the teacher's feedback to our reflections last week. =D</p>	

## Weekly Learning Reflection

Course Title: 醫療與文化-傅柯選讀

Instructor: 陳重仁

Lecture Date: December 20, 2010

Venue: 語文教室一

Student Info. (Name and Student ID): Scott Lin 林宜衡 (B101099158)

Objective of lecture or discussion	Note
-To screen excerpts from the film "Sherlock Holmes: The Speckled Band" -Small group presentation on Bichat and Laennec -Discussion of chapter 8: "Open up a few corpses"	
Summary of lecture or discussion	Note
<p>Most historians and scholars believe that the use of corpses to study anatomy was prohibited by religion before the 18<sup>th</sup> century. Hence, corpse thefts by medical scholars were common. After the 18<sup>th</sup> century, people became less superstitious as dissections became open procedure.</p> <p>Foucault, however, holds a different belief. The increasing use of corpses is not because of the lift of religious regulations, but rather because of the expanding need in medicine. This expanding need is explained by our increasing understanding of human body, contributed by scholars such as Bichat and Laennec.</p> <p>Bichat is the father of histology. By examining different tissue systems of cadaver, he identified links between tissue morphology and disease process. Bichat believes that many clinical findings could not be explained solely by bedside observation, so corpse dissection should be used.</p>	
Observation and opinion of class discussion or student involvement	Note
<p>I believe that histology, which studies dead tissue, was able to make significant advancement in medicine because physicians were operating this concept of "gaze" to its full potential. Physicians can make different (and possibly conflicting) postulates at the bedside by examining the exterior of the patient, but until the development of histology and invention of stethoscope, these physicians are blind to the wondrous variations that lurk inside the body. It is only by operating on corpses can we straight-forwardly observe and appreciate how disease affects tissues of different organ systems. Laennec's invention of stethoscope also allowed distinction between diseases like pneumonia and tuberculosis by making detailed clinical and pathological observations of the interior system. Hence, stethoscopes have become an icon in the field of medicine.</p> <p>The notion of gaze suggests that we should operate a panoptic view of our human body, both exterior and interior, and this internal examination should ideally</p>	

<p>be performed when the patients are alive. As Foucault mentions in his book, physicians try to use all senses to make meaningful correlations. Hence, after stethoscope, which is an aural technique, physicians and scientists have also invented visual methods such as X-ray, CT, and MRI, each of which has earned a Nobel Prize in the field of medicine, signifying its important contribution to overcome previous limitations. Different laboratory diagnostic tests have also been developed to allow physicians to make more accurate and complete “gaze” of the patient body. Assistance from technology and molecular biology will continue in future medical innovations.</p>	
<p>Your learning reflection for this week</p>	<p>Note</p>
<p>Abstract of the final presentation:</p> <p>Madness is a fascination to commoners due to its unexplained deviation from normality, and it has been a subject of many films and novels. Similarly, Shutter Island is a 2010 psychological thriller movie based on Dennis Lehane’s 2003 novel of the same name. Unlike other psychological movies, which explores from the perspective of the “sane”, Shutter Island tells the story from the perspective of the “insane”. By following the story from the perspectives of a mental patient, the audience is able to observe how power and panopticon are operated inside a mental hospital to achieve effective regulation of the patients. The concept of “role-play” as a possible means of “restoring” mental patients also reveals the authority’s omnipotent control to manipulate its residents’ thoughts. Finally, when process of normalization becomes unsuccessful, the authority resorts to surgical interventions as the final approach to maintain a healthy population. This presentation will examine these cinematic elements of power struggle between mad people and civilization, lending support from Foucault’s discourse.</p>	
<p>Any comment or suggestion, for your learning and for the class:</p> <p>I have a final exam this Tuesday, so I apologize for the rush and lack of time to polish my abstract. I will revise and submit a more focused version in next week’s reflection after my final exam.</p>	