

REFERENCES

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In the spirit of the above commentary, the *MJM* has initiated a new section entitled “Book Review” (see p. 133 of this issue). This section is intended to provide a forum for the discussion of books of potential interest to people in medicine. Potential authors wishing to submit a book review should consult the most recent Instructions to Authors for more information.

CANADIAN INSTITUTES OF HEALTH RESEARCH

In 1998, a National Task Force composed of leaders in Canadian health research came together with the goal of identifying ways by which to strengthen the Canadian research community. The Task Force recommended the creation of the Canadian Institutes of Health Research (CIHR) in order to provide a modernized framework that would bring together all fields of health research and encourage collaborative research ventures while providing increased and innovative funding (1,2). The proposed changes are intended to create a well structured health research agenda to accelerate discovery and treatment, especially in targeted areas. After much discussion and a series of formal consultations with the Canadian health research community, CIHR has taken shape and will officially come into existence with the passage of Bill C-13.

The most striking change is the creation of Health Research Institutes. The Institutes will be organized on the basis of research themes (see Table 1 for list of *notional* Institutes) in a manner similar to the organization of the National Institutes of Health (NIH) in the United States. However, there are multiple differences between CIHR and NIH. One difference is that the Institutes of CIHR are completely virtual, meaning there is no single building that houses a given Institute. Each Institute is, instead, an organizational entity that groups researchers with common interests (1,3). Another difference from NIH is that the CIHR budget is not divided between Institutes (apart from a relatively small fraction of the budget going towards strategic initiatives; see below) and, instead, primary investigators compete for funding at the level of CIHR (1,3). This design feature ensures that grant money goes to the best applicants, unbiased by the subject of their

Table 1. Early list of notional Institutes proposed for discussion by the Medical Research Council^a

Aging
Arthritis, Musculoskeletal and Skin Diseases (possibly including Dentistry)
Cancer and Cell Development
Child, Maternal, and Women’s Health
Diabetes, Endocrinology, Metabolism, and Nutrition
Genetics and Gene Expression
Health Services
Cardiovascular Health
Respiratory Health
Kidney and Digestion
Microbiology and Infection
Immunology and Transplantation
Neurological Sciences
Mental Health
Environmental, Population, and Public Health

^a Reproduced from reference 1. The final list of Institutes is not yet available, but variations from the above list are expected.

research. The purpose of the Institutes is to encourage collaborations between investigators with similar and/or complementary interests and, by virtue of Institute design, to identify areas in which additional research is particularly required and develop strategic initiatives to encourage research in those areas.

The reorganization of the Medical Research Council (MRC) and the National Health Research Development Program (NHRDP) to create CIHR has provided an ideal opportunity to add innovative funding programs to the programs traditionally available. There are two basic modes by which projects will be funded, both of which still rely on peer review for the selection of successful applicants (1,3). The first, which accounts for the majority of funding, is by “Insight Proposals”; this is also referred to as investigator-initiated or hypothesis-driven research, and is the traditional mode by which MRC has run competitions. The other mode of funding is by “Challenge Programs”. The purpose of