

more intense, and it may always happen (as now in the case of endocrine investigation) that substances of medical value may emerge from physiology, and more likely still from biochemistry. Yet the impulse to both these sciences derives essentially from the disinterested desire to understand or to elucidate the bewilderingly complex normal happenings of the body. Had physiological investigation been consistently guided with an eye to its immediate applications to medicine, it would never have come to exercise on clinical practice the enormous and all-pervading influence that it does. To seek to restrict its course to the territory mapped on the existing charts of clinicians, is to forget that the best science has the spirit of Vasco da Gama and of Columbus. Were it not so, all physicists would elect to be engineers, and all physiologists to be clinicians.

Needs at McGill. Having seen that physiology, with lessons of universal significance and of universal appeal, cannot afford to be kept in a cupboard, let us consider what might be done at McGill. To one Arts subject physiology bears much the same relation as it does to pathology or to clinical medicine. For psychology it is almost a sine qua non, and the professor of this subject has repeatedly put to us a request for a suitable and not too extensive course in physiology for his students. From pressure of existing didactic and research duties we have hitherto been unable to accommodate him. Apart from this particular relation, one might say that if some of the more active or original school-teachers-in-training in the Arts Faculty were to attend physiology, they could scarcely fail to overhaul and to rewrite the /