The report will repay long study. Those who have the advantage of a cottage hospital in their area will welcome the opinion of the working party on the advantages of the cottage hospital, a title which they reluctantly discard in favour of "Community Nursing Unit". Without indulging in semantics we believe that, though all hospitals are units which nurse patients, it is best to call them hospitals. "Cottage" is certainly not what they are, but it is a term understood by the communities which they serve—and which will when required subscribe generously to their maintenance. In blue books and white papers call them what you will, but let the time-honoured names of these hospitals remain.

The working party has studied the pharmaceutical services in relation to group practice and health centres. It makes no firm recommendations, but goes so far as to suggest that it might be necessary in some areas to site pharmacies adjacent to the health centre—it postulates that these might be run by a "consortium" of local pharmacists. There are obvious advantages, it says, if the pharmacist could work in the same premises as the doctor. The great difficulty here lies in the fact that the pharmacist is an independent contractor and his customers should not be directed to one favoured person. Similar remarks about co-ordinating the services are made in relation to dentistry. The traditional separation of the dentist from the doctor is acknowledged in the report but ways of co-ordination are looked at.

This report is one on which to build for the future. There is little in it which is revolutionary, and for this we may be grateful, but there are guide-lines for the future.

A NEW MEDICAL SCHOOL

SOUTHAMPTON University admitted its first 40 medical students this October. Much thought and planning has gone into this new medical school, only the second to be opened in the United Kingdom since 1893, when the Welsh National School of Medicine was founded in Cardiff. With so long an interval the opportunities to bring new ideas into medical education were not to be denied. In 1893, bacteriology was still in its infancy, Lister's antiseptic and aseptic techniques were still regarded as new fangled, abdominal surgery was regarded as risky, the mechanism of the heartbeat was imperfectly understood, hospitals were for the poor. The more well to do were investigated, treated and operated upon in their own homes or in ill-equipped nursing homes. The medical student attended lectures and "walked the wards".

Since then the two main disciplines of British medicine have slowly evolved—those in hospital having little opportunity of seeing what is going on in the homes of their patients, and those in general practice being unable to continue the kind of medicine which they laboriously learnt as students in the teaching hospitals. Dr E. D. Acheson, the Dean of Medicine in the new school and those who planned this new venture have taken pains to ensure that the student will learn fully what is going on in both disciplines. The student is to be introduced to patients from the first year of his studies. Throughout his course he will be kept in touch with all aspects of domiciliary medicine and the work of the community physician and his staff.

The doctor who will emerge from the school should have a wider basis of knowledge on which to build his vocational training for whatever branch of the profession he may choose. We wish Southampton University, its teachers and its students the success in their venture which they deserve.