group and does not necessitate an expensive mass screening programme. More sensitive conventional cultures should be used when possible. We suggest the following: when an additional risk factor (preterm labour, prolonged rupture of membranes, or fever) is present conventional culture and a rapid test should be performed, and if either gives a positive result antibiotics should be given during labour. In some cases—for example, maternal pyrexia and prolonged rupture of membranes—the rapid test is unnecessary and antibiotics should be given regardless of carriage. Rectal and vaginal cultures should be taken during a multiple pregnancy and if these yield group B streptococcus, prophylaxis should be started during labour. If results are negative a rapid test should be performed during labour. As there are no reliable data on mothers who have already had an infected child, they should receive chemoprophylaxis regardless of culture. It can be argued that such mothers may not develop protective IgG antibodies and may continue to carry the same strain of group B streptococcus. Ampicillin or amoxycillin remain the drugs of choice, although a first generation cephalosporin may be used in the case of ampicillin allergy.1

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Richard Doll at 80
Where there’s smoke

Fifty years ago doctors had recognised that there was a growing epidemic of lung cancer in Western countries but had not identified its origins. The most likely cause was thought to be diesel exhaust fumes. The research published in the BMJ in 1950 by Sir Richard Doll and his colleague the statistician the late Sir Austin Bradford Hill solved the problem in a way that was both surprising and conclusive: they showed that cigarette smoking was responsible.1 At that time smoking had not been linked with heart disease or even with bronchitis—it was seen as a harmless if foolish habit.

Doll and Bradford Hill had firm opinions on the responsibilities of research workers. It was their job to get results, but they left it to others to act on the research findings. They did not start campaigning against smoking; instead they set out, with popperian zeal, to do more research to challenge their own findings. Their later work looked at the smoking habits and health of doctors and led to the crucial evidence that those who stopped smoking eventually lost their increased risk of lung cancer.2

Sir Richard Doll’s long and distinguished career as an epidemiologist is to be celebrated on 15 February by a meeting at the Royal Society hosted by the Imperial Cancer Research Fund. He will himself present new data on the cohort of doctors he has been studying for the past 40 years, while his colleagues will review current knowledge on some of the many other topics that he has studied—including the effects on health of oral contraceptives, the parts played by radiation and by asbestos in various cancers, and patterns and trends in mortality. A one day meeting cannot cover all the topics which Doll has made contributions; his early work in clinical gastroenterology, for example, showed the uselessness of a bland diet for peptic ulcers and also helped establish the importance of basting decisions about treatment on the results of controlled clinical trials.

Readers of the BMJ will remember with pleasure Sir Richard’s account of his experiences as a medical officer at Dunkirk, published at the time of the 50th anniversary of the retreat.3 He went on to work in a hospital ship in the Mediterranean—a year which he later described as being one of the most enjoyable of his life.4 He has not lost this capacity for pleasure; by his own account he continues to enjoy his research, and we wish him many more years to come.

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