more forbidden-clones[6 7] of cells that synthesize autoantibodies. When the target tissue lies behind a blood-tissue barrier the primary autoantibodies are necessarily humoral, and it appears[4 5] that they generally migrate on electrophoresis with the α_2-globulin serum protein fraction. When the target tissue is normally freely infiltrated by small lymphocytes these cells carrying cell-bound autoantibodies act as the primary pathogenic agents. Given this approach, disturbances in the β- and γ-globulin fractions do not represent the primary cause of spontaneous (as opposed to experimental) autoimmune disease but the body's complex response to it.[4 5 8]

Between the initiation of a forbidden-clone and the first manifestion of symptoms or signs a latent period inevitably intervenes. When the primary autoantibodies are cell-bound (lymphocytic), then on the average this interval, for a given environment, is about twice as long in females as in males; but when the target tissue lies behind a blood-tissue barrier the average latent period is usually of about equal duration in the two sexes.[4 5 8] From the clinical evidence we deduce[1 4 5 8] that the length of the latent period is determined in part by the operation of an intrinsic defence mechanism, which in the case of lymphocytic autoimmunity at least is mediated through immunoglobulins. Forbidden-clones are "foreign" and antoantigenic, and they elicit a classical immune response that restrains their proliferation. Probably all disturbed-tolerance autoimmune diseases can be precipitated and exacerbated by extrinsic factors such as certain infective agents and certain drugs.[5 8] Mental stress produces similar effects.[5 8] We have proposed that these several factors either compete for or affect the level of the defence against forbidden-clones.[5 8] Smoking probably acts in the same way. Antigenic and not-self materials entering the body have to be opsonized and phagocytized, and they therefore compete for the finite defence resources. Consequently, the efficiency of the defence against autoantigenic forbidden-clones is diminished. Autoantibodies increase in number, and the latent or chronic autoimmune condition is precipitated or exacerbated.

The idea that the intrinsic defence mechanism in autoimmunity is vulnerable to various extrinsic factors also accounts for the urban-rural differences that are found in connexion with many chronic conditions: the greater pollution of the urban atmosphere and the greater stress of urban life encourage the growth of forbidden-clones. In our view the effect of cigarette-smoking on cardiovascular disease processes is more appropriately described as exacerbating rather than causal.—We are, etc.,

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P. R. J. BURCH.
N. R. ROWELL.

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Following up Cancer

SIR,—I agree with most of what Dr. W. Lucy Turner said in her letter on whether patients with cancer should be told the diagnosis (12 February, p. 423). One cannot generalize, however, and some patients feel much better and are more cooperative if the truth is told to them at the beginning. Indeed, much worry can be allayed if the patient is fully in the picture and it is explained in general terms what is being done and an optimistic outlook offered. This is certainly true in advanced cancer. Patients who are told that their symptoms are due to minor maladies soon lose confidence in their medical adviser, especially as their disease progresses. In general, it is my policy not to tell patients that they have cancer, as they frequently interpret this as a death sentence, but if they ask directly, then I would wrap up the unpleasant facts as pleasantly as possible. I stress that many cancers can be cured today and give an optimistic outlook.

Regular follow-ups for most tumours are necessary to see that the patient remains free of disease and to assess various treatment methods. If possible the follow-up is best shared by the family doctor and the specialist. The local doctor usually knows the patient much better than the specialist and is more readily able to detect a change in the patient's well-being. Some follow-up examinations have to be carried out in hospital because of the complicated procedures necessary to evaluate the situation. The frequency of visits and their duration depend on the nature of the tumour and the anticipated prognosis. The reasons for follow-up should be carefully explained to the patient and the signs and symptoms which might lead one to suspect recurrence enumerated.

Long journeys and apprehension at the thought of follow-up examinations make a local community consultation desirable. In Toronto we get patients from many hundreds of miles away, and, although specialized treatments are carried out in this city, the follow-up of these patients is carried out in a number of peripheral clinics held at frequent intervals. The rapport with the patients and other doctors is very good. As far as possible we get the patients to keep in close touch with their own doctors and to see us at less frequent intervals. When specific problems occur patients are referred back immediately for reassessment, and this system works very well. In North America a good number of people have an annual medical check-up, and the majority are very glad to be reassured that they do not have a recurrence of their cancer or have developed a new one. The peace of mind they get following a clinic visit far outweighs any anxiety that they may feel at the approach of the clinic day.—I am, etc.,

PETER J. FITZPATRICK.
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G.M.C. Elections

SIR,—In common, it seems, with the rest of the profession, regardless of membership of the B.M.A., I have recently been canvassed twice through the post on behalf of certain candidates for election to the General Medical Council.

Whilst all the candidates are unknown to me personally and may, and indeed probably are, extremely worthy persons for such offices, I find this method of seeking their election utterly repugnant.

I do not know whose funds were used for this purpose or if any limit, as in Parliamentary elections, was applied, but it would certainly appear that without access to these funds or the mailing facilities of a large organization election would appear unlikely if not impossible.

I do not believe that of all bodies this is the way to elect members of the General Medical Council, and in the circumstances I will myself abstain from voting.

It is of vital importance that justice is not only done but seen to be done in this matter. —I am, etc.,

London S.W.15. E. B. LEWIS.

SIR,—I feel I must lodge a protest against the misuse of B.M.A. funds for the purpose of canvassing—by postcard specially printed —in the General Medical Council election. This kind of thing reduces one's confidence in B.M.A. administration—particularly when the subscription has been raised to £12 12s.

The election itself would seem largely futile and undemocratic, most of the candidates being unknown to most of the electorate. The whole thing boils down to absolute nonsense. The voters appear to have had no opportunity of proposing candidates—on a regional basis for instance—and no information either about them or how they were proposed.

What an exposition of the farcical relationship between periphery and centre! New thinking is vital.—I am, etc.,

Wallasey. T. H. H. GREEN.

SIR,—Many members of the B.M.A. will have been shocked to receive a postcard from the B.M.A. instructing members of the Association how to vote in the forthcoming elections to the General Medical Council. Most of us will have no idea of the relative merits of the candidates, but to be told by the Association that we should vote for certain names, still not knowing their relative merits, smacks of the worst form of totalitarianism.—I am, etc.,

Whittington Hospital, London N.19. I. J. T. DAVIES.

*** In 1958 the Representative Body reaffirmed previous policy (with minor modification) that the Association should support the candidature of selected practitioners at elections to the General Medical Council. B.M.A. Divisions are invited to nominate practitioners. These nominations are balloted upon at the Annual Representative Meeting, and the candidates chosen are then supported by the Association.—ED., *B.M.J.*

State as Employer

SIR,—Your correspondent Dr. A. E. Carter (2 April, p. 864) quite misses the essential difference between an unskilled