clear chest radiographs and suggestive single or multiple filling defects on liver scan. The diagnosis may be difficult even at laparotomy unless adequate tissue is obtained for examination and culture. The term hepatic 'pseudotumour' is thus apt in these cases.

AFP assay was performed on 19 of our 96 patients with hepatic TB. A raised AFP level was found only in the present patient with proven hepatocellular carcinoma. Hepatoma is relatively frequent in our population and 80 - 96% of patients have a positive AFP assay. AFP tests may therefore help to differentiate hepatoma from hepatic TB. It is interesting to note the positive AFP in a hepatoma too small to be visualized by a liver scan.

Conclusion
Two important features are illustrated in this patient. Firstly, tuberculous hepatitis may mimic hepatoma both clinically and radiologically and should be considered in the differential diagnosis, especially in communities where TB is prevalent. Secondly, cirrhosis may mask the presence of tuberculous hepatitis, with which it is frequently associated. Failure to recognize this led us to miss both a resectable carcinoma and a treatable infection. The AFP test offers a useful diagnostic clue, but liver biopsy still remains the only definitive means of diagnosis.

REFERENCES

The UCT class of ’32 — 50 years on
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Summary
In 1982 several members of the 1932 final-year M.B. Ch.B. class of the University of Cape Town met for a golden anniversary dinner. Apart from its nostalgic significance, it provided an opportunity to compare the career choices of that era with those of today. Unlike present graduates, 50 years ago graduating doctors tended not to specialize and tended to enter rural areas to practise. The significance of these changes for local medical manpower needs is discussed.

In 1932, in a world that was moving from the ‘gay twenties’ through a grim depression into the second ‘war to end wars’, 27 young doctors graduated from the University of Cape Town Medical School. Who can guess at (or remember) their hopes and expectations, or those of their parents and teachers? To specialize, to marry, above all to cure — the future had no limits.

In 1982 some members of this class came together again at UCT Medical School, this time for a nostalgic golden anniversary dinner. As the conversation moved from grandchildren to such names as Saint, Crichton, Falconer and Forman, the visions of 50 years before came back to mind. The evening provided more than fuel for emotion, however; it provided a unique opportunity to examine what had happened to class members during the last century and to compare the career structures of these graduates with those of today.

A picture of the class in 1932 (Fig. 1) is compared with the photograph taken in 1982 (Fig. 2). It was with mixed feelings that one learnt that only 17 (63%) were alive in 1982, of whom 16 could be contacted.

There were 5 women (18.5%) in the class; all of the members were White and none was married at the time of graduation. Only 3 specialized (one each in the areas of obstetrics and gynaecology, ophthalmology and pathology), and 2 took academic posts in the basic sciences, one attaining professorial status. The majority entered general practice (52%) or State service (24%) (Table I). Of the 13 who became general practitioners, 8 (61.5%) worked in rural areas. Only 2 of the original 27 emigrated, one of them being the graduate who could not be traced, and the other only after working in South Africa for many years.

* Note: The terms ‘rural’ and ‘urban’ were defined according to Beaton and Bourne.
It was particularly gratifying to learn that of the 16 who are known to be alive, 13 (81.25%) are still actively working, although all are over the age of 70 years and well past the usual age for retirement.

Since the cause of death was known in only half of those who had died, our initial intention of comparing the mortality statistics with national standards was not possible. Interestingly, we did observe, however, that only one of the known deaths was caused by myocardial infarction; this was contrary to our expectations. The superiority of the female of the species is shown by the fact that all were alive 50 years after graduating while 10 (45.5%) of the males had died!

**Discussion**

It is interesting to compare the class of 1932 with present-day graduates. Firstly, there has been a slight move away from the all-White, predominantly male (81.5%) class of that era. The change is far from extreme, however, and 70.2% of the medical students admitted to UCT between 1979 and 1983 were males and 88.7% were White. The Medical School therefore does not yet mirror our society.

Secondly, great concern is being shown by both medical educators' and students about the career structures of present graduates. Despite a major shortage of primary care practitioners in South Africa, in recent years UCT has provided only 2.61 non-specialists for each specialist practising. Furthermore, more than 90% of these have remained in urban areas — where less than 40% of the South African population live. Finally, doctors have become a major South African export — 26% of the
UCT graduates of 1970-1975 who were living in South Africa in 1975 had emigrated by 1981. Among the 1932 class graduates, however, the ratio of non-specialists to specialists was 8:1, only 2 emigrated (1 after retirement), and 61,5% of the large number of general practitioners emanating from the class entered practice in a rural area. Graduates from the past might well ask whether medical education has really progressed in the objective of providing doctors to meet the needs of this country.

Statistics aside, however, the bringing together of friends after 50 years is an experience of great emotional significance. This was increased by learning that 3 of the lecturers of the class of '32 were still alive and active in Cape Town, viz. Drs R. Lang, A. I. Goldberg and H. Zwarenstein. On an occasion such as this one was struck by how little people had really changed in half a century and by the artificiality of the definition of success. All had been successful, each in a different way, and each was at heart still the same medical student of the 1930s. We missed those who could not be present, remembered affectionately those who had died, and booked the UCT Amenities Building for the diamond anniversary in 1992.

We acknowledge the help of Mr O. Kinahan, Alumni Liaison Officer of the University of Cape Town, for arranging the dinner, the Dean of the Medical Faculty, Professor D. McKenzie, and the Deputy Dean, Professor J. P. de V. van Niekerk, for their encouragement, the Deputy Principal, Professor J. V. O. Reid, for speaking at the celebration, and all our colleagues and old friends for coming together to revive old memories.

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