

to structure their own support, which can be done in several ways.

Those of us who are members of faith communities will usually be able to find a mentoring individual or group to provide a secure place where we can off-load and find objective insights to help deal with our own pain.

In the 60s and 70s, in a deep rural mission hospital, our weekly journal club was run in such a way that we could give one another mutual support. That sometimes included insisting that someone take time off. We were a small group of 5 doctors looking after 550 inpatients. But there is no reason why like-minded doctors should not form small support groups even in the largest hospital. That is better than always taking flight from a difficult situation without helping one another to make it more bearable.

Any person who becomes aware that they are suffering from significant burn-out (illogical rage reactions, sleep disturbances, depression, etc.) should seriously consider seeking the help of a psychologist. That decision has significant financial implications, but if one chooses the right colleague, it will be well worth the expense.

These and other similar solutions should be sought in good time by all who feel strong enough and who desire to stay and work for our people. It is often too late to begin when one is actually in crisis. In that situation, the only sensible way to cope may be to leave!

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Meckel's diverticulitis revisited

To the Editor: Meckel's diverticulum, a true congenital diverticulum, is a small bulge in the intestine present from birth. It is a vestigial remnant of the original yolk sac or vitello-intestinal duct¹ and was originally described by Johann F Meckel in 1809.^{2,3}

I present a case of Meckel's diverticulitis in a 4-year-old boy who presented with overt iron deficiency anaemia. Ferritin levels were low and the peripheral blood showed a hypochromic, microcytic anaemia consistent with an iron-deficient picture. The haemoglobin concentration was 10 g/dL. He had a bright red melaena stool and right iliac abdominal pain. A barium meal showed Meckel's diverticulitis. The Meckel's diverticulum and adjacent ileum were successfully removed surgically.

Meckel's diverticulum is found in 2% of the population, more frequently in males; it is usually 2 foot from the ileo-caecal valve and 2 inches in length (the rule of the 2s). The

diverticulum usually contains oxyntic cells from gastric mucosa that cause an ulcer giving rise to intestinal bleeding. The diverticulum may contain pancreatic tissue and may obstruct or strangulate in a type of volvulus.

This patient presented with iron deficiency anaemia, but Meckel's diverticulitis can often simulate acute appendicitis. It is generally not necessary to remove Meckel's diverticula found incidentally during surgery for other reasons.⁴

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Mercury exposure in a low-income community in South Africa

To the Editor: I read the recent article on mercury exposure with a great interest.¹ Oosthuizen *et al.* concluded that 'As primary health facilities will be the first point of entry for individuals experiencing symptoms of mercury poisoning, South African primary health care workers need to take cognisance of mercury exposure as a possible cause of neurological symptoms in patients.'¹

I would like to contribute some thoughts on the subject. Firstly, not only recognition of the problem but also close surveillance is required. Indeed, the problem can be expected, based on the nature of the factory. If it holds risk of mercury exposure, monitoring the environment as well as workers and the nearby population is recommended. These issues continue to be problems in actual practice in developing, poor countries in Africa and Asia. Secondly, there are many other toxic substance that can cause neurological symptoms. The complete differential diagnosis of other possible causes of intoxication and further medical disorders is still important for the primary health care worker confronted by such cases.

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