The horrors of Herod

Herod the Great is best known as the tyrant in the New Testament of the Bible. He was born in 73 BC in Southern Palestine and died in Jericho in 4 BC. His father, Antipater, was an Arab from the region between the Gulf of Aqaba and the Dead Sea and his mother was from Petra from the Nabataean kingdom in south-west Jordan. Thus while Herod was a practising Jew, he was of Arab origin on both sides.

Through the Roman conquests of Palestine, Antipater and Herod developed close ties with the Roman rulers, both having Roman citizenship conferred on them. Herod was appointed king of Judaea by the senate in Rome and was provided with an army to establish his position, which he maintained for 32 years. Herod supported his friend Antony against Octavian in their quest as heirs to Caesar's power. When Octavian was successful he confirmed and strengthened Herod's position as the Palestinian leader as Rome wanted.

Herod endowed his realm with splendid cities and fortresses. The most grandiose creation was the Temple, which he wholly rebuilt. Portions of these edifices may still be seen today.

While Herod had an immense influence during his reign, earning him the appellation 'Great', the latter part of his despotic rule was cruel and chaotic. He was responsible *inter alia* for the murder of his wife Mariame, whom he loved deeply, as well as the deaths of his firstborn and the infants of Bethelehem shortly before his end.

What caused this change in character and what was the nature of his serious physical and mental decline in his latter years? Francois Retief and Johan Cilliers (p. 300) describe his times and accomplishments and provide evidence that progressive illness towards the end of his life could have contributed to his brutality. They conclude that the likeliest diagnosis is that of chronic renal failure (uraemia) and secondary hypertensive cardiac failure.

The death of a hated despot is described as a horrifying incident, with history recording many such events. Today, in the geographical region in which Herod lived, Saddam Hussein, too, has ruthlessly put down any opposition to his rule, including the murder of close family members, although then as now many subjects worship such power and consider it great.

Predictors in acute upper gastro-intestinal bleeding

Patients experience acute upper gastrointestinal bleeding (UGIB) as a frightening event and this fear is not unfounded!

Kalula, Swingler and Louw (p. 286) set out to define the clinical predictors of outcome in UGIT. Their study is important because of the paucity of information on the non-endoscopic triage of patients. Their aim was to identify patients at low risk for adverse outcome following acute UGIB, partly with the aim of reducing unnecessary urgent endoscopies.

According to the international literature, mortality varies from 4% to 10%. The bulk of severe morbidity and mortality occurs in patients with recurrent bleeding or significant co-morbid illness. The use of non-steroidal anti-inflammatory drugs (NSAIDs), common in the elderly, more than doubles mortality associated with peptic ulcer complications. Endoscopy has traditionally been used to risk-stratify patients with UGIB but endoscopy is not readily available in many parts of South Africa.

The authors found that haemoglobin > 10g / dl, absence of melaena and absence of syncope were independent predictors of good outcome. Clinical implications are a 15% reduction in unnecessary endoscopies, with less than 5% of patients with poor outcome not undergoing urgent endoscopy.

Age at first sex

Many of our readers are likely to be parents. A probable question in their minds is therefore at what age they can expect (or suspect) that their offspring first experience sexual intercourse.

Fonn (p. 279) reports on the data collected during a national cervical abnormality survey. Women in the 20-25-year age cohort reported having sexual intercourse for the first time at an average age of 16.8 years compared with women in the 60-plus age cohort who were on average 19.3 years old at the time of first sexual intercourse. Their data indicate that there has been a steady decrease in the average age at first intercourse, with a decrease of 2.5 years over the past 40 years.

Another interesting observation is the very low use of the barrier method for contraception, namely 0.5% of the total sample.

Pieter Dirk Uys (alias Evita Bezuidenhout) is therefore spot-on in his / her endeavours to bring sexual education and knowledge of the importance of using condoms to young schoolchildren, not only for the prevention of HIV / AIDS.

Pastoral hearts are best

Are the Masai less healthy than in the past? Investigators from Japan and Tanzania (p. 295) report on their collaborative study of the nutritional variation and cardiovascular risk factors in urban, rural and pastoral centres in Tanzania. Their objective was to examine whether any association existed between dietary factors and the pattern of cardiovascular (CVD) risk factors.

Their findings add to the evidence that apart from other factors diet plays an important role in the pattern of CVD risk factors. In addition the prevalences of hypertension and obesity have increased in the urban area, compared with rates found in the same area more than a decade ago.

And yes, recent data show that the Masai have undergone significant increases in mean total cholesterol levels and prevalence of hypercholesterolaemia over the past decade.

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