Bilaga 2B: Medicinskt Mysterium

Sudor Anglicus or Sweating Sickness, by [Student X] VT2013

The English Sweating Sickness was an infectious epidemic disease with high mortality that had five separate outbreaks in England between 1485-1551. In Alan Dyer’s article about the 1551 outbreak the disease is summarized thusly: “The malady was characterized by sudden onset, profuse sweating, prostration, and death or recovery within the space of only twenty-four hours; it was certainly confined to the warmer months, was said to be most fatal to healthy young males and, despite some irruptions onto the Continent, was apparently seated in England.”(1) which is consistent with the eyewitness accounts of contemporary physicians Thomas Forestier and John Caiusas quoted by Thwaites et al. Thwaites et al describes the symptoms somewhat differently, calling it “characterized by sudden headaches, myalgia, fever, profuse sweating, and dyspnea” (2). The outbreaks were widely scattered and geographically patchy, affecting primarily rural areas but also London, Oxford and Cambridge.(1,3) In the words of Wylie and Collier, “Men appeared to have been affected more frequently than women, and amongst men the overall incidence was reported to be highest at the prime of life; young children, the elderly, and otherwise frail tended to be spared.” (3) The mode of transmission is unknown, though it is hypothetized by Dyer to have been spread initially through a zoonosis or an environmental vector as well as human-to-human transmission (1) considering its spread through England, something Wylie and Collier concurs with (3). It is noteworthy that the disease only seems to have spread from England once, during the 1529 outbreak, to North Germany. (3,4) Estimating fatality rates is difficult due to the scarcity of good sources and possible differences between the outbreaks, but mortality rates are consistently believed to have been high (1,2,3,4) though it failed to make a demographic impact(1). 

The aetiology is as of today still unknown, though there have been many hypotheses. Among the suggestions have been an enterovirus(5), an arbovirus(1,3), a hantavirus(2,6) or inhalational anthrax(6). This author believes the anthrax hypothesis, while interesting, is too flawed to be considered, seeing as it cannot explain the seasonality and geographical limit of the Sweating Sickness - if, as the author suggests, the spores would nest in contaminated wool or hair, why was there no spread to Wales or Scotland? Why did the sickness spread to the continent only during one outbreak - or perhaps not at all(3)? Added to the fact that inhalational anthrax is not contagious, bacillus anthracis seems an unlikely culprit. This author favors a viral pulmonary disease as being the most probable explanation due to the classical symptoms the victims are noted as exhibiting. The enterovirus suggestion is interesting but it does not explain the disease's apparent preference for rural environments - if it were an enterovirus, one would expect large population centers to be hit much more severely than they seem to have been according to parish registers(1). Differing between the arbovirus and hantavirus hypothesis is difficult as the symptoms are compatible with both, but arboviruses are commonly associated with exanthemas and other cutaneous signs, symptoms lacking for the most part in contemporary accounts.(3) The similarities with the Hanta Pulmonary Syndrome (6,9) makes hantaviruses a good fit save for one thing - the disease seems to have been capable of human-human transmission considering its geographical distribution(1). However, there is recent evidence hantaviruses are capable of human-human transmission (8,9), which makes hantaviruses the more
probable explanation of the both in the opinion of this author.

(8) http://info.adm.umu.se/NYHETER/PressmeddelandeEng.aspx?id=2946 access 20/3 -13