

摘 要

本文对Sartwell报道的一组前瞻性调查资料,用寿命表法作了补充分析。编制了随访资料,去心脏病死因及对照人群三个寿命表。

寿命表按通常方法编制,但最后一年龄组的 e_x 用死亡率的倒数计算,即

$$e_{80} = 1 / \infty m_{80}$$

去死因寿命表,用某死因死亡数占全死因死亡数的比例 r_x^i 对 l_x 作校正,并计算 q_x^{-i} 。 e_x^{-i} 可根据资料的情况,在以下三种算法中选用一种:

$$1. e_{80}^{-i} = 1 / \infty m_{80}^{-i} = \frac{\infty P_{80}}{\infty D_{80} - \infty D_{80}^i}$$

$$2. T_{80}^{-i} = \frac{\infty D_{80}}{\infty D_{80} - \infty D_{80}^i} \cdot T_{80}, \quad e_{80}^{-i} = \frac{T_{80}^{-i}}{l_{80}^{-i}}$$

3.保守一点,用 e_{80} 代替 e_{80}^{-i} 。

ABSTRACT

In this paper, a supplementary analysis by life table method to a set of data for prospective study reported by Sartwell are described. We have constructed three kinds of life tables: (1) for the population followed-up by Sartwell, (2) for a popu-

lation with cause of death from heart disease eliminated, and (3) for a control population.

The life table are constructed with conventional method, but the e_{80} of the last age group is obtained as reciprocal of mortality rate for the section of 80 and over, that is,

$$e_{80} = 1 / \infty m_{80}$$

For the life table exclusive of deaths from a particular disease, l_x are corrected with the ratio of the numbers of deaths from particular disease to the numbers of all deaths, r_x^i , and then q_x^{-i} are calculated correspondingly. For various kinds of data under study, the calculation of e_{80}^{-i} may be chosen from any one of the following:

$$e_{80}^{-i} = 1 / \infty m_{80}^{-i} = \frac{\infty P_{80}}{\infty D_{80} - \infty D_{80}^i}$$

$$2. T_{80}^{-i} = \frac{\infty D_{80}}{\infty D_{80} - \infty D_{80}^i} \cdot T_{80}, \quad e_{80}^{-i} = \frac{T_{80}^{-i}}{l_{80}^{-i}}; \text{ or}$$

3. To be conservative, substitute e_{80} for e_{80}^{-i}

参 考 文 献

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钩端螺旋体病患者血清中抗体类型的观察

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用0.2ML一半胱氨酸盐酸盐与等量稀释的钩体病患者血清混合,放37°C水箱作用30分钟后,将每份血清作倍比稀释,再加相应的各群钩体菌活抗原,混匀放37°C温箱45分钟后取出,在暗示野显微镜下检查结果,比较L一半胱氨酸盐酸盐处理钩体病患者血清前后抗体效价的变化,以区分血清中的IgM和IgG两类抗体。共检查早期病人血清39份,其中澳洲群病人血清11份,100%为IgM抗体;黄胆出血群病人血清28份,50%为IgM抗体;检查钩端螺旋体病患者恢复期的血清266份,其中澳洲群病人血清170份,34.11%为IgM,50.59%为IgM和IgG抗体;15.30%为IgG

抗体;黄胆出血群病人血清96份,30.21%为IgM抗体,66.60%为IgM和IgG抗体,3.12%为IgG抗体。在非疫区而且未预防接种过钩体菌苗的地方,取健康人血清50份,未查出有两类抗体存在。我们用同一方法还检查了15份澳洲群恢复期病人血清,但用0.2ML一半胱氨酸盐酸盐处理的时间有所不同,分别为30分钟、12小时、24小时,结果:血清中66.7%为IgM抗体;33.3%为IgG抗体,从三个不同时间处理的血清所检出的抗体相同。看来以0.2ML一半胱氨酸盐酸盐与等量血清混合37°C水箱作用30分钟为宜,最节省时间。