

行区进行慢性菌痢调查,结果A群慢性率为3.41%。说明A群菌痢虽不易转为慢性,但确仍有少数急性患者转为慢性。这与认为志贺氏菌痢不形成慢性的观点不太一致。

抗痢药物疗效的优劣与转为慢性的频率关系较大,尤其是B群等菌痢。优效药物能较快、较彻底地抑制或杀灭痢菌;反之,痢菌可能在肠道内较长时间存活,使病程迁延甚至转为慢性。当然,菌痢病人的痊愈与受染机体的内因的影响亦是一个重要的因素。

摘 要

1981年本文作者结合百色地区菌痢防治工作,选择一个有志贺氏I型及福氏菌群混合流行的疫区,对124例急性菌痢患者在服药一疗程后转为慢性的几个因素进行了初步观察,观察所用药物为两组,一组是SMZ+TMP组共65例,另一为呋喃唑酮(痢特灵)组共59例。

观察结果认为急性菌痢转为慢性与菌群及药物的

作用机制等有关,A菌群较不易转为慢性,B菌群则较易转为慢性。SMZ+TMP治疗组转慢率为4.00%,痢特灵治疗组转慢率为29.63%,两者差异显著($P < 0.05$)。

ABSTRACT

An observation was carried out on certain factors affecting the resolution of acute bacillary dysentery to chronic process in Baice Region where the epidemic control measures were undertaken. In a chosen focus the prevalent strains were a mixing of shigella shiga I and Sh. flexneri group. 124 cases of acute dysentery were under investigation. In treating pts. with chemotherapy, two groups of medicine were used: 1) A combination of SMZ and TMP for 65 cases; 2) furazolidone for 59 cases. After one course of chemotherapy, it was found that Infectious Process with S. flexneri changed into chronic state more often than that with Sh. shiga I. The group with SMZ+TMP 4.00% was found to develop into chronic cases, whereas the group with furazolidone in 29.63%, with a difference which was statistically significant ($P < 0.05$).

流行性乙型脑炎患者体液免疫状况的初步观察

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目前国内尚未见有关流行性乙型脑炎(简称乙脑)患者血清中补体系统等方面的检查报道。为了解乙脑患者体液免疫的状况,我们对此进行了血清总补体、补体C₃及免疫球蛋白(IgG、IgA、IgM)的测定,报告如下:

试剂:

1. 羊抗人IgG、IgA、IgM诊断血清,购自上海生物制品研究所,批号7901(1—3)。2. 免疫球蛋白及补体C₃参考血清,来源同上,批号77—12。3. 绵羊红细胞溶血素,来源同上,批号79—1—2。4. pH 7.4巴比妥缓冲液(含Ca⁺⁺Mg⁺⁺)。5. 脱纤维新鲜羊红细胞。6. 补体C₃抗血清,系我院从菊糖—C₃复合体法制备。

标本来源: 具临床症状及血清学确诊的乙脑住院患者62例(男33,女29,成人占57%)的急性期(发病

第4~14天)和恢复期(发病第20~49天)血清,并以健康人血清作对照。

方法: IgG、IgA、IgM、补体C₃的测定系采用单向琼脂免疫扩散法。总补体系以50%溶血试验测定血清CH₅₀活性。

结果: 1. 30例健康成人血清CH₅₀平均值与标准差为48.45±4.22单位/毫升; 62例乙脑急性期和17例恢复期患者血清CH₅₀平均值与标准差分别为70.4±3.7单位/毫升和65±12单位/毫升,均显著高于健康人($P < 0.01$)。2. 70例健康人补体C₃含量为110±25毫克/分升, 23例乙脑急性期补体C₃含量为126±38毫克/分升,无明显差异($P > 0.05$)。3. 11例乙脑急性期、恢复期患者与同年龄组30例健康成人血清中IgG、IgA、IgM含量接近($P > 0.05$)。