

甘蓝类蔬菜品种(系)苗期根肿病抗性鉴定

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摘要 芸薹根肿菌侵染引起的根肿病是影响甘蓝类蔬菜产量和品质的主要病害之一, 抗病品种的培育是防治根肿病最经济有效的方法。本研究以根肿菌 4 号生理小种为菌源, 对花椰菜、结球甘蓝、青花菜、芥蓝和苜蓝 6 个甘蓝变种共 306 份品种(系)进行苗期根肿病抗性鉴定, 结果显示, 甘蓝类抗根肿病材料缺乏, 仅在青花菜中发现 1 份高抗(HR)材料, 感病(S)和高感(HS)材料比例占 65% 以上, 中抗(MR)材料在松花菜和结球甘蓝中所占比例均在 30% 以上。对抗病比例和平均病情指数 2 个指标的联合评价结果显示, 结球甘蓝整体抗性水平高于其他变种, 芥蓝和苜蓝抗性最差。另外, 对结球甘蓝‘先甘 336’(R)×甘蓝/青花菜杂交后代及花椰菜‘托尼’(MR)×青花菜的杂交后代进行苗期根肿病抗性鉴定, 结果表明, 杂交后代相对于父本病情指数都有所降低, 抗性相对提高, 且父本病情指数越低, 后代表现较高抗性的概率越大。鉴于此, 在今后抗病组合的选择与选配过程中, 父本和母本最好都具有较高的抗性。本研究将为甘蓝类蔬菜抗根肿病品种培育提供材料支撑和技术参考。

关键词 甘蓝; 根肿病; 抗性; 苗期; 鉴定

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Resistance identification of *Brassica oleracea* cultivars (lines) to clubroot at seedling stage

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Abstract Clubroot, caused by *Plasmodiophora brassicae*, has been one of the main diseases that affect the yield and quality of *Brassica oleracea*. In this study, 306 breeding lines and cultivars from cauliflower, cabbage, broccoli, Chinese kale and kohlrabi were identified for clubroot resistance to race 4 of *P. brassicae* at seedling stage. The results showed that *B. oleracea* lacked resistant sources to clubroot, only one high resistant (HR) source was found in broccoli, the proportion of susceptible (S) and high susceptible (HS) materials were over 65%, and the proportion of medium resistant (MR) materials in both loose-curd cauliflower and cabbage were over 30%. According to the joint evaluation of resistance proportion and mean disease index, the overall resistance level of cabbage was higher than that of other varieties, and Chinese kale and kohlrabi showed the least resistance. In addition, hybrids derived from ‘Xiangnan 336’(R)×cabbage/broccoli and ‘Tony’(MR)×broccoli were used to identify their clubroot resistance. The results indicated that all of hybrids showed reduced disease index compared to the male parents with relatively enhanced resistance and the lower disease index of the male parent, the higher proportion of higher resistance in the offspring. In view of this, the male and female parents both should be more highly resistant during the selection and mating of disease-resistant combinations in the future. This study will provide sources support and technical reference for the cultivation of resistant varieties to clubroot of *B. oleracea*.

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十字花科根肿病是由根肿菌属的芸薹根肿菌 *Plasmodiophora brassicae* Woron. 侵染引起的, 专性危害十字花科蔬菜作物的一种土传病害^[1], 其典型症状是在病株根部形成根瘤(clubs), 阻碍寄主对水分和营养物质的吸收^[2]。芸薹根肿菌寄主范围十分广泛, 可危害大白菜、甘蓝、萝卜、花椰菜、芥菜、油菜等 100 多种栽培和野生十字花科植物^[3]。近年来, 由于种植面积的不断扩大、蔬菜南北调运的影响及农业机械化程度的提高, 根肿病在我国的发生区域越来越广^[4-5], 在我国大部分省、市和自治区都有发生, 其中华东、华南和西南等十字花科蔬菜作物主产区发生最为严重, 平均每年由根肿病造成的损失可达 20%~30%, 重灾区可高达 70% 甚至绝收^[6-7], 可见, 根肿病已严重制约我国十字花科蔬菜产业的发展。

培育抗病品种是防治根肿病最经济有效的方法。筛选优质抗源是抗根肿病育种工作的基础, 也是抗性生理和遗传研究的前提。广泛搜集种质资源进行抗病性鉴定是抗源筛选的主要途径。近年, 国内对甘蓝类蔬菜抗根肿病鉴定及抗源筛选工作开展较多。陈欣^[8]、孙超等^[9]、王神云等^[10]、陈静等^[11]、马丹丹等^[12]、彭丽莎等^[13]对结球甘蓝进行了大量的抗源筛选工作。张小丽等^[14]利用根肿菌 4 号生理小种对 446 份青花菜品种及育种系进行了抗病鉴定, 发现青花菜中抗病材料较少, 高抗及免疫材料缺乏。本研究在搜集大量甘蓝类育种系及品种的基础上, 对这些材料的苗期根肿病抗性进行了评价比较, 以期对甘蓝类蔬菜抗根肿病育种奠定材料基础。前期, 笔者发现结球甘蓝品种‘先甘 336’和花椰菜品种‘托尼’在多年多次的重复鉴定中表现出稳定的抗病性^[14], 并以此为母本, 以感病或高感的甘蓝和青花菜育种系为父本获得了一系列杂交后代。本研究对这些杂交后代进行了苗期根肿病抗性鉴定, 并初步探究了杂交后代抗病性与父本、母本抗病性的相关性, 这一工作将为优异抗病基因的转育及抗病品种的选配提供参考。

1 材料与方法

1.1 材料

1.1.1 供试菌株

根肿菌肿块采自云南省昆明市嵩明县, 经

Williams 鉴别系统鉴定为根肿菌 4 号生理小种, 清洗干净后保存于 -20℃ 低温冰箱备用。

1.1.2 供试材料

本试验用于根肿病抗性鉴定的甘蓝类品种及育种系共计 306 份(表 1), 其中青花菜(‘QHC-1’~‘QHC-82’)、结球甘蓝(‘GL-1’~‘GL-33’)、芥蓝(‘JL-1’~‘JL-38’)和苤蓝(‘PL-1’~‘PL-24’)育种系由中国农业科学院蔬菜花卉研究所甘蓝青花菜课题组刘玉梅研究员提供; 紧型花椰菜(紧花菜, ‘JHC-1’~‘JHC-61’)、松散型花椰菜(松花菜, ‘SHC-1’~‘SHC38’)和芥蓝(‘JL-39’~‘JL-68’)由天津科润蔬菜研究所花椰菜课题组提供。另外, 对结球甘蓝抗病品种‘先甘 336’分别与 7 份甘蓝、25 份青花菜的杂交 F1 代; 花椰菜中抗品种‘托尼’分别与 21 份青花菜的杂交 F1 代(表 2)的苗期根肿病抗性也进行了鉴定。

1.2 根肿病抗性鉴定方法

每份甘蓝类材料设 3 组重复, 每组重复 7~10 株幼苗(二叶一心), 接种 6~7 周后调查发病情况。具体的接种液制备、接种方法、病情分级、病情指数(disease index, DI)计算、抗性水平划分等参考张小丽等^[14], 其中抗性水平的划分做以下修改, 免疫(I): DI=0; 高抗(HR): DI≤12.5; 抗病(R): 12.5<DI≤25; 中抗(MR): 25<DI≤45; 感病(S): 45<DI≤65; 高感(HS): DI>65。

1.3 数据统计

利用 Excel 2007 软件统计分析数据, 每份材料根肿病鉴定结果为 3 次重复的平均值±标准差。

2 结果与分析

2.1 甘蓝类蔬菜品种(系)根肿病苗期抗性鉴定

供试的 306 份甘蓝类蔬菜品种(系)苗期根肿病抗性鉴定结果如表 1 所示。其中, 供试的 99 份花椰菜中无高抗或抗病材料, ‘JHC-1’‘JHC-2’‘JHC-4’等 11 份紧花菜材料, ‘SHC-7’‘SHC-8’‘SHC-9’等 12 份松花菜材料表现中抗, 占花椰菜总数的 23.2%; ‘JHC-3’‘JHC-6’‘SHC-1’‘SHC-2’等 50 份花椰菜材料表现感病, 占 50.5%; 其余 26 份材料表现高感, 占 26.3%。

供试的 82 份青花菜材料中, 只有 1 份表现高抗, 即‘QHC-69’, 无抗病材料; ‘QHC-36’‘QHC-

41‘‘QHC-57’等 7 份材料表现中抗,占青花菜总数的 8.5%;‘QHC-2’‘QHC-3’‘QHC-4’等 47 份表现感病,占 57.3%;‘QHC-1’‘QHC-6’‘QHC-8’等 27 份表现高感,占 32.9%。

供试的 33 份结球甘蓝材料中无高抗或抗病材料;‘GL-2’‘GL-3’‘GL-4’等 10 份表现中抗,占结球甘蓝总数的 30.3%;‘GL-1’‘GL-7’‘GL-9’等 16 份表现感病,占 48.5%;‘GL-20’‘GL-29’‘GL-30’等 7 份表现高感,占 21.2%。

供试的 68 份芥蓝材料中无高抗或抗病材料;‘JL-9’‘JL-10’‘JL-15’等 6 份材料表现中抗,占芥蓝总数的 8.8%;‘JL-1’‘JL-2’‘JL-3’等 33 份表现感病,占 48.5%;‘JL-4’‘JL-5’‘JL-14’等 29 份表现高感,占 42.7%。

供试的 24 份苜蓝材料中无高抗或抗病材料;‘PL-6’和‘PL-13’表现中抗,占苜蓝总数的 8.3%;

‘PL-2’‘PL-10’‘PL-11’等 9 份表现感病,占 37.5%;‘PL-1’‘PL-3’‘PL-4’等 13 份表现高感,占 54.2%。

2.2 甘蓝类蔬菜品种(系)根肿病苗期抗性比较

甘蓝类蔬菜中对根肿病表现较高抗性的资源极度缺乏,306 份资源中仅在青花菜中发现 1 份高抗材料:‘QHC-69’,无抗病材料,感病材料较多。不同品种(系)对根肿病抗性存在差异,病情指数变化范围较广(表 1)。从抗病材料(包括高抗、抗和中抗)所占比例来看,松花菜和结球甘蓝比例较高,分别为 31.6%和 30.3%,紧花菜次之(18.0%),青花菜、芥蓝和苜蓝中抗病材料比例较低;从平均病情指数来看,松花菜平均病情指数最低,苜蓝最高,但 6 个变种平均病情指数差异不大(图 1)。总体来看,松花菜和结球甘蓝对根肿病的抗性强于其他 4 个变种,且笔者认为结球甘蓝抗性最强,芥蓝和苜蓝抗性最差。

表 1 甘蓝类蔬菜品种(系)苗期根肿病抗性鉴定结果¹⁾

Table 1 Resistance identification of *Brassica oleracea* varieties (lines) to clubroot at seedling stage

| 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level | 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level | 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level |
|------------|-----------------------|--------------------------|------------|-----------------------|--------------------------|------------|-----------------------|--------------------------|
| JHC-1 | 27.58±2.25 | MR | JHC-30 | 77.38±7.43 | HS | JHC-59 | 75.00±5.05 | HS |
| JHC-2 | 28.35±0.32 | MR | JHC-31 | 81.94±2.41 | HS | JHC-60 | 51.79±2.53 | S |
| JHC-3 | 60.00±0.00 | S | JHC-32 | 52.62±11.30 | S | JHC-61 | 86.43±9.09 | HS |
| JHC-4 | 26.56±2.21 | MR | JHC-33 | 46.94±2.68 | S | SHC-1 | 60.12±2.73 | S |
| JHC-5 | 30.56±6.36 | MR | JHC-34 | 81.35±13.06 | HS | SHC-2 | 55.95±5.46 | S |
| JHC-6 | 63.33±9.04 | S | JHC-35 | 53.33±7.64 | S | SHC-3 | 53.57±10.71 | S |
| JHC-7 | 60.12±2.73 | S | JHC-36 | 51.19±2.06 | S | SHC-4 | 59.52±4.12 | S |
| JHC-8 | 46.43±5.05 | S | JHC-37 | 67.86±6.19 | HS | SHC-5 | 52.78±8.67 | S |
| JHC-9 | 52.38±7.43 | S | JHC-38 | 58.13±11.14 | S | SHC-6 | 55.56±6.36 | S |
| JHC-10 | 47.02±8.44 | S | JHC-39 | 52.08±5.08 | S | SHC-7 | 35.71±3.57 | MR |
| JHC-11 | 61.90±12.54 | S | JHC-40 | 69.84±4.51 | HS | SHC-8 | 35.71±9.45 | MR |
| JHC-12 | 45.34±11.50 | S | JHC-41 | 70.04±7.99 | HS | SHC-9 | 33.33±7.22 | MR |
| JHC-13 | 42.90±2.92 | MR | JHC-42 | 74.60±14.10 | HS | SHC-10 | 41.67±4.12 | MR |
| JHC-14 | 47.56±8.18 | S | JHC-43 | 65.20±9.58 | HS | SHC-11 | 37.50±4.17 | MR |
| JHC-15 | 46.71±7.89 | S | JHC-44 | 71.30±4.24 | HS | SHC-12 | 87.50±4.17 | HS |
| JHC-16 | 83.19±13.63 | HS | JHC-45 | 46.94±2.68 | S | SHC-13 | 65.48±2.06 | S |
| JHC-17 | 68.25±8.78 | HS | JHC-46 | 77.38±4.12 | HS | SHC-14 | 39.29±3.57 | MR |
| JHC-18 | 76.81±5.99 | HS | JHC-47 | 52.58±2.25 | S | SHC-15 | 60.00±5.00 | S |
| JHC-19 | 51.79±2.53 | S | JHC-48 | 48.81±5.46 | S | SHC-16 | 59.52±5.46 | S |
| JHC-20 | 58.73±8.94 | S | JHC-49 | 71.13±0.42 | HS | SHC-17 | 75.00±7.22 | HS |
| JHC-21 | 63.41±8.68 | S | JHC-50 | 26.79±2.53 | MR | SHC-18 | 75.00±7.14 | HS |
| JHC-22 | 67.86±6.19 | HS | JHC-51 | 27.38±8.42 | MR | SHC-19 | 62.50±4.17 | S |
| JHC-23 | 60.87±3.07 | S | JHC-52 | 32.86±4.04 | MR | SHC-20 | 63.89±2.41 | S |
| JHC-24 | 64.29±12.88 | S | JHC-53 | 66.67±0.00 | HS | SHC-21 | 63.10±2.06 | S |
| JHC-25 | 54.76±8.99 | S | JHC-54 | 55.36±7.58 | S | SHC-22 | 61.11±4.81 | S |
| JHC-26 | 27.38±5.86 | MR | JHC-55 | 80.65±2.10 | HS | SHC-23 | 55.95±2.06 | S |
| JHC-27 | 61.01±9.79 | S | JHC-56 | 73.96±10.31 | HS | SHC-24 | 66.67±5.46 | HS |
| JHC-28 | 75.45±12.33 | HS | JHC-57 | 30.95±3.37 | MR | SHC-25 | 59.52±5.46 | S |
| JHC-29 | 37.50±5.36 | MR | JHC-58 | 63.13±9.72 | S | SHC-26 | 56.94±6.36 | S |

续表 1 Table 1(Continued)

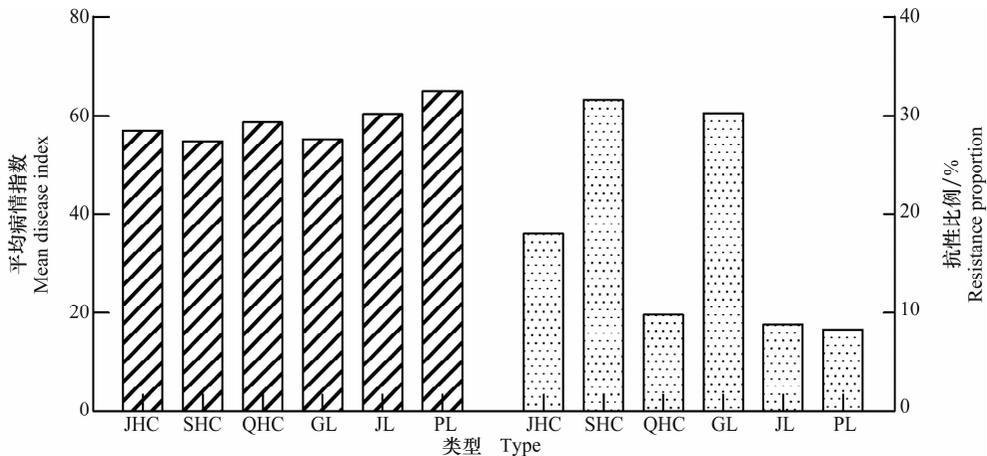
| 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level | 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level | 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level |
|------------|-----------------------|--------------------------|------------|-----------------------|--------------------------|------------|-----------------------|--------------------------|
| SHC-27 | 61.11±2.41 | S | QHC-40 | 75.00±0.00 | HS | GL-9 | 56.01±0.34 | S |
| SHC-28 | 38.10±2.06 | MR | QHC-41 | 36.42±2.89 | MR | GL-10 | 62.50±0.00 | S |
| SHC-29 | 40.48±7.43 | MR | QHC-42 | 65.83±1.18 | HS | GL-11 | 53.13±4.42 | S |
| SHC-30 | 35.71±3.57 | MR | QHC-43 | 69.10±12.28 | HS | GL-12 | 45.83±5.89 | S |
| SHC-31 | 37.50±4.17 | MR | QHC-44 | 52.60±9.58 | S | GL-13 | 57.50±10.61 | S |
| SHC-32 | 55.95±5.46 | S | QHC-45 | 45.55±3.35 | S | GL-14 | 51.92±2.72 | S |
| SHC-33 | 59.52±4.12 | S | QHC-46 | 51.96±7.83 | S | GL-15 | 63.54±16.20 | S |
| SHC-34 | 58.33±4.17 | S | QHC-47 | 51.64±5.26 | S | GL-16 | 58.93±12.63 | S |
| SHC-35 | 38.10±5.46 | MR | QHC-48 | 53.10±0.66 | S | GL-17 | 38.54±10.31 | MR |
| SHC-36 | 83.33±2.89 | HS | QHC-49 | 69.90±11.64 | HS | GL-18 | 28.97±9.54 | MR |
| SHC-37 | 41.67±8.33 | MR | QHC-50 | 52.29±0.29 | S | GL-19 | 36.31±4.21 | MR |
| SHC-38 | 65.48±2.06 | S | QHC-51 | 53.41±4.82 | S | GL-20 | 65.40±8.52 | HS |
| QHC-1 | 77.08±14.73 | HS | QHC-52 | 54.93±3.43 | S | GL-21 | 29.69±2.21 | MR |
| QHC-2 | 64.23±7.65 | S | QHC-53 | 56.11±0.79 | S | GL-22 | 90.63±13.26 | HS |
| QHC-3 | 63.33±4.71 | S | QHC-54 | 53.91±5.52 | S | GL-23 | 46.07±2.02 | S |
| QHC-4 | 47.06±4.16 | S | QHC-55 | 50.00±0.00 | S | GL-24 | 56.25±8.84 | S |
| QHC-5 | 60.76±0.49 | S | QHC-56 | 47.12±9.52 | S | GL-25 | 55.36±7.58 | S |
| QHC-6 | 98.21±2.53 | HS | QHC-57 | 27.68±6.31 | MR | GL-26 | 54.71±3.44 | S |
| QHC-7 | 57.95±11.25 | S | QHC-58 | 32.58±1.07 | MR | GL-27 | 51.25±15.91 | S |
| QHC-8 | 70.59±14.39 | HS | QHC-59 | 57.92±6.48 | S | GL-28 | 53.75±8.84 | S |
| QHC-9 | 45.38±0.10 | S | QHC-60 | 57.08±4.12 | S | GL-29 | 78.13±0.00 | HS |
| QHC-10 | 65.23±7.39 | HS | QHC-61 | 58.93±12.63 | S | GL-30 | 81.55±14.31 | HS |
| QHC-11 | 63.54±10.31 | S | QHC-62 | 52.28±7.38 | S | GL-31 | 95.99±0.23 | HS |
| QHC-12 | 74.74±2.58 | HS | QHC-63 | 27.50±1.18 | MR | GL-32 | 94.38±0.88 | HS |
| QHC-13 | 66.02±10.18 | HS | QHC-64 | 50.00±0.00 | S | GL-33 | 100.00±0.00 | HS |
| QHC-14 | 57.21±7.48 | S | QHC-65 | 58.85±1.63 | S | JL-1 | 58.33±11.79 | S |
| QHC-15 | 53.65±7.69 | S | QHC-66 | 83.44±3.78 | HS | JL-2 | 47.15±8.45 | S |
| QHC-16 | 62.22±4.81 | S | QHC-67 | 62.43±11.15 | S | JL-3 | 55.58±5.37 | S |
| QHC-17 | 45.39±1.80 | S | QHC-68 | 69.79±4.42 | HS | JL-4 | 71.33±8.41 | HS |
| QHC-18 | 60.57±0.21 | S | QHC-69 | 6.20±4.83 | HR | JL-5 | 74.40±3.57 | HS |
| QHC-19 | 62.16±4.57 | S | QHC-70 | 52.83±1.05 | S | JL-6 | 56.73±6.99 | S |
| QHC-20 | 75.00±0.00 | HS | QHC-71 | 34.84±7.29 | MR | JL-7 | 60.98±0.97 | S |
| QHC-21 | 67.19±6.63 | HS | QHC-72 | 50.61±4.58 | S | JL-8 | 49.22±1.10 | S |
| QHC-22 | 51.67±2.36 | S | QHC-73 | 64.58±2.95 | S | JL-9 | 33.87±10.33 | MR |
| QHC-23 | 60.00±14.14 | S | QHC-74 | 75.28±9.24 | HS | JL-10 | 28.22±1.34 | MR |
| QHC-24 | 83.85±9.58 | HS | QHC-75 | 72.94±12.56 | HS | JL-11 | 60.55±5.28 | S |
| QHC-25 | 79.64±13.64 | HS | QHC-76 | 45.60±8.94 | S | JL-12 | 69.17±8.25 | HS |
| QHC-26 | 80.54±14.26 | HS | QHC-77 | 68.27±6.80 | HS | JL-13 | 46.77±0.15 | S |
| QHC-27 | 68.38±9.36 | HS | QHC-78 | 54.26±14.18 | S | JL-14 | 73.08±2.72 | HS |
| QHC-28 | 66.07±0.00 | HS | QHC-79 | 61.46±13.26 | S | JL-15 | 40.63±4.42 | MR |
| QHC-29 | 75.00±0.00 | HS | QHC-80 | 64.73±5.68 | S | JL-16 | 57.57±2.55 | S |
| QHC-30 | 51.67±8.25 | S | QHC-81 | 77.68±3.79 | HS | JL-17 | 45.54±6.31 | S |
| QHC-31 | 65.14±5.10 | HS | QHC-82 | 58.96±2.06 | S | JL-18 | 55.00±7.07 | S |
| QHC-32 | 30.36±7.58 | MR | GL-1 | 51.04±10.31 | S | JL-19 | 47.97±10.73 | S |
| QHC-33 | 52.08±5.89 | S | GL-2 | 31.25±8.84 | MR | JL-20 | 63.13±2.06 | HS |
| QHC-34 | 50.00±11.79 | S | GL-3 | 40.28±5.89 | MR | JL-21 | 65.31±0.44 | HS |
| QHC-35 | 81.67±2.36 | HS | GL-4 | 27.00±5.03 | MR | JL-22 | 45.87±2.31 | S |
| QHC-36 | 37.50±5.89 | MR | GL-5 | 39.38±6.19 | MR | JL-23 | 59.20±9.48 | S |
| QHC-37 | 53.13±4.42 | S | GL-6 | 26.67±9.43 | MR | JL-24 | 48.86±1.61 | S |
| QHC-38 | 74.43±18.48 | HS | GL-7 | 60.42±14.73 | S | JL-25 | 70.60±3.87 | HS |
| QHC-39 | 47.92±2.95 | S | GL-8 | 40.42±7.66 | MR | JL-26 | 39.58±5.89 | S |

续表 1 Table 1(Continued)

| 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level | 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level | 编号 Code | 病情指数 Disease index | 抗性分级 Resistance level |
|------------|-----------------------|--------------------------|------------|-----------------------|--------------------------|------------|-----------------------|--------------------------|
| JL-27 | 49.19±14.00 | S | JL-49 | 68.06±8.67 | HS | PL-3 | 87.22±10.21 | HS |
| JL-28 | 78.33±16.50 | HS | JL-50 | 72.78±11.82 | HS | PL-4 | 73.75±1.77 | HS |
| JL-29 | 46.88±7.37 | S | JL-51 | 92.36±4.34 | HS | PL-5 | 73.18±5.29 | HS |
| JL-30 | 45.83±8.84 | S | JL-52 | 75.28±4.59 | HS | PL-6 | 32.18±0.73 | MR |
| JL-31 | 58.13±3.65 | S | JL-53 | 72.42±2.25 | HS | PL-7 | 71.54±2.18 | HS |
| JL-32 | 37.50±1.61 | MR | JL-54 | 78.61±10.08 | HS | PL-8 | 87.50±0.00 | HS |
| JL-33 | 40.10±0.74 | MR | JL-55 | 67.14±13.23 | HS | PL-9 | 76.81±16.16 | HS |
| JL-34 | 51.54±4.25 | S | JL-56 | 72.22±6.36 | HS | PL-10 | 63.54±1.47 | S |
| JL-35 | 59.97±5.78 | S | JL-57 | 67.14±16.34 | HS | PL-11 | 54.69±6.63 | S |
| JL-36 | 77.50±3.54 | HS | JL-58 | 70.04±7.99 | HS | PL-12 | 53.33±11.79 | S |
| JL-37 | 62.41±1.48 | S | JL-59 | 50.40±6.87 | S | PL-13 | 43.75±4.42 | MR |
| JL-38 | 53.13±4.42 | S | JL-60 | 59.33±6.53 | S | PL-14 | 71.56±9.28 | HS |
| JL-39 | 48.33±4.59 | S | JL-61 | 66.90±7.33 | HS | PL-15 | 80.21±10.31 | HS |
| JL-40 | 65.48±8.99 | HS | JL-62 | 57.54±3.64 | S | PL-16 | 68.54±0.97 | HS |
| JL-41 | 84.29±1.89 | HS | JL-63 | 70.44±11.70 | S | PL-17 | 75.64±11.95 | HS |
| JL-42 | 57.10±2.92 | S | JL-64 | 66.67±7.43 | HS | PL-18 | 50.97±9.68 | S |
| JL-43 | 84.33±6.53 | HS | JL-65 | 60.32±5.50 | S | PL-19 | 84.75±0.94 | HS |
| JL-44 | 68.65±5.63 | HS | JL-66 | 67.86±6.19 | HS | PL-20 | 70.45±6.43 | HS |
| JL-45 | 71.43±3.57 | HS | JL-67 | 70.63±13.90 | HS | PL-21 | 56.75±5.61 | S |
| JL-46 | 55.56±16.84 | S | JL-68 | 41.67±8.99 | MR | PL-22 | 49.81±6.16 | S |
| JL-47 | 61.90±12.54 | S | PL-1 | 78.89±1.57 | HS | PL-23 | 52.08±2.95 | S |
| JL-48 | 73.91±7.21 | HS | PL-2 | 50.63±7.95 | S | PL-24 | 51.10±6.60 | S |

1) HR: 高抗; R: 抗病; MR: 中抗; S: 感病; HS: 高感; JHC: 紧花菜; SHC: 松花菜; QHC: 青花菜; GL: 结球甘蓝; JL: 芥蓝; PL: 苜蓝。下同。

HR: Highly resistant; R: Resistant; MR: Moderately resistant; S: Susceptible; HS: Highly susceptible; JHC: Tight curd cauliflower; SHC: Loose curd cauliflower; QHC: Broccoli; GL: Cabbage; JL: Chinese kale; PL: Kohlrabi; the same applies below.



JHC: 紧花菜; SHC: 松花菜; QHC: 青花菜; GL: 结球甘蓝; JL: 芥蓝; PL: 苜蓝

JHC: Tight curd cauliflower; SHC: Loose curd cauliflower; QHC: Broccoli; GL: Cabbage; JL: Chinese kale; PL: Kohlrabi

图 1 甘蓝类蔬菜各变种材料抗根肿病比例(右)、平均病情指数(左)

Fig. 1 Resistance proportion(right)and mean disease index(left)of various varieties of *Brassica oleracea*

2.3 ‘先甘 336’/‘托尼’与甘蓝/青花菜杂交后代根肿病抗性表现

经多年多次鉴定,‘先甘 336’与‘托尼’对根肿菌 4 号生理小种表现稳定的抗性。本试验中,‘先甘 336’平均病情指数为 14.29 ± 3.57 ,表现抗病(R);‘托尼’平均病情指数为 27.38 ± 2.06 ,表现为中抗

(MR)。(MR)。(‘先甘 336’与 7 份结球甘蓝、25 份青花菜杂交后代及‘托尼’与 21 份青花菜杂交后代根肿病抗性如表 2 所示,所有杂交后代的病情指数均介于双亲之间。其中‘先甘 336’与中抗结球甘蓝‘GL-3’‘GL-4’‘GL-18’的杂交后代分别表现中抗、抗病和抗病,与感病材料‘GL-1’‘GL-13’‘GL-14’的杂交后代分别表现

中抗、中抗和抗病,与高感材料‘GL-22’的杂交后代表现高感。‘先甘 336’与 25 份感病或高感青花菜的杂交后代中,仅有 1 份表现抗病(‘先甘 336’×‘QHC-74’),2 份表现中抗,其余均为感病或高感;‘托尼’与 21 份感病或高感青花菜的杂交后代中,仅 1 份表现中抗(‘托尼’×‘QHC-20’),其余均为感病或高感。同一父本与两个不同母本杂交,后代抗性水平也不同,

如‘先甘 336’×‘QHC-4’表现中抗,而‘托尼’×‘QHC-4’表现感病,这可能是由于‘先甘 336’抗性强于‘托尼’。综上所述,两个抗源的抗性遗传十分复杂,但杂交后代相对于父本病情指数都有所降低,抗性都相对提高,且父本病情指数越低,后代表现较高抗性的概率越大。鉴于此,在以后抗病组合的选择选配过程中,最好父本和母本都具有较高的抗性。

表 2 ‘先甘 336’/‘托尼’×甘蓝/青花菜获得的 F₁ 代苗期根肿病抗性鉴定结果

Table 2 Identification results of clubroot resistance of F₁ generation from ‘Xiangan 336’/‘Tony’×cabbage/broccoli at seedling stage

| 父本 Male parent (MP) | 先甘 336×父本 Xiangan 336×MP | | 托尼×父本 Tony×MP | |
|------------------------|--------------------------|--------------------------|-----------------------|--------------------------|
| | 病情指数 Disease index | 抗性分级 Resistance level | 病情指数 Disease index | 抗性分级 Resistance level |
| GL-1 | 29.17±5.89 | MR | — | — |
| GL-3 | 38.13±9.72 | MR | — | — |
| GL-4 | 15.38±10.88 | R | — | — |
| GL-13 | 26.92±2.72 | MR | — | — |
| GL-14 | 21.88±7.37 | R | — | — |
| GL-18 | 19.98±1.21 | R | — | — |
| GL-22 | 79.73±9.63 | HS | — | — |
| QHC-1 | 48.44±2.21 | S | — | — |
| QHC-2 | 54.81±9.52 | S | 60.80±2.41 | S |
| QHC-4 | 28.61±9.04 | MR | 47.95±5.26 | S |
| QHC-5 | 50.49±5.74 | S | 53.57±10.10 | S |
| QHC-6 | 78.57±5.05 | HS | 69.98±1.21 | HS |
| QHC-8 | 70.31±11.05 | HS | 57.39±7.23 | S |
| QHC-10 | 64.58±0.00 | S | — | — |
| QHC-12 | 66.30±7.59 | HS | 58.59±5.52 | S |
| QHC-20 | 67.68±0.25 | HS | 37.34±7.81 | MR |
| QHC-24 | 78.13±7.37 | HS | 50.45±13.50 | S |
| QHC-25 | 70.00±7.07 | HS | 62.80±5.47 | S |
| QHC-26 | 75.69±16.70 | HS | 53.13±4.42 | S |
| QHC-29 | 71.43±12.63 | HS | 54.17±5.89 | S |
| QHC-31 | 51.56±2.21 | S | 66.71±7.31 | HS |
| QHC-33 | 32.95±4.82 | MR | 59.72±8.72 | S |
| QHC-35 | 77.08±6.48 | HS | 68.15±15.57 | HS |
| QHC-38 | 65.13±13.96 | HS | 52.60±9.92 | S |
| QHC-40 | 69.58±4.12 | HS | — | — |
| QHC-42 | 55.18±17.43 | S | 52.44±6.66 | S |
| QHC-43 | 53.65±19.31 | S | 64.73±5.68 | S |
| QHC-49 | 47.77±5.68 | S | 67.71±1.47 | HS |
| QHC-66 | 62.50±17.68 | S | 60.71±0.00 | S |
| QHC-74 | 22.92±2.95 | R | — | — |
| QHC-75 | 69.11±5.81 | HS | 60.57±4.34 | S |
| QHC-81 | 73.96±10.31 | HS | 54.17±5.89 | S |

3 讨论

优质的抗源材料是抗病育种的基础和条件,抗源的筛选、鉴定和评价一直是甘蓝类蔬菜抗根肿病品种选育的核心环节。尽管近几年国内对甘蓝类根肿病抗源筛选研究投入越来越大,筛选出一些如‘日

本甘蓝’‘大楠木’‘昼夜白’等表现抗病或者中抗的材料^[8-9,15],但是免疫或高抗育种资源尤其是抗国内主流的 4 号生理小种抗源的匮乏仍是抗根肿病育种的最大瓶颈。本研究对 6 个甘蓝变种共 306 份品种(系)进行苗期根肿病抗性鉴定,仅在青花菜中发现 1 份高抗材料,未发现免疫和抗病材料,各变种中感

病和高感材料的比例在 70% 以上,中抗材料在各变种中所占比例差异较大,这一结果与前人的报道一致^[14,16]。因此,广泛搜集种质资源并进行抗病筛选和鉴定仍将是未来一段时间内甘蓝抗根肿病育种的首要任务,尤其要重视野生甘蓝材料的挖掘和利用。野生甘蓝遗传多样性丰富,保留着大量的优良性状,特别是对病虫害的抗性以及对非生物逆境条件的耐受性等^[17],前人报道显示野生甘蓝中存在对菌核病^[18-19]、霜霉病^[20]、叶斑病^[21]、黑胫病^[22-23]等抗病资源。笔者在之前的研究中发现野生甘蓝材料‘B2013’对根肿菌 4 号小种表现高抗。Golicz 等^[24]从以 7 个不同的甘蓝种构建的首个甘蓝作物的泛基因组中发现野生种中存在大量特异性基因,猜测可能与一些优良的抗病、抗逆性状相关。可见,搜集和引进野生甘蓝材料对甘蓝抗病、抗逆育种意义重大。

目前国外一些具有较高根肿病抗性的甘蓝类优良品种均为 Ogura 胞质不育类型,如先正达公司选育的结球甘蓝品种‘先甘 336’和花椰菜品种‘托尼’等,无法通过自交分离利用其抗病基因。以 Ogura CMS 恢复系为桥梁来聚合抗病基因和 *Rfo* 基因,创制出具有抗性的育性恢复材料可能是今后育种家创制抗根肿病资源的重要途径之一。

甘蓝根肿病抗性遗传规律较为复杂,一般认为抗性是由多基因控制的数量遗传性状^[1,25]。目前,在甘蓝上已定位到几十个 QTLs 位点,由于这些抗病 QTLs 位点是基于不同的抗源和根肿菌小种而获得的,并且与之连锁的分子标记也是非公开的,所以很难利用这些分子标记来辅助抗源筛选,使得抗性鉴定目前主要依靠人工接种鉴定。但随着甘蓝类如结球甘蓝‘02-12’^[26]、芥蓝‘TO1000’^[27]、青花菜‘HDEM’^[28]、花椰菜‘C-8’^[29]全基因组序列的公布和释放,分子标记的开发将获得极大发展,进一步结合高通量测序技术及生物信息学分析手段,分子标记辅助选择势必会在甘蓝类根肿病抗源筛选工作中得到广泛应用。

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