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中性白细胞百分率与虚实辨证的关系

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辨别虚实，是中医临床判断正邪盛衰的两个基本纲领。笔者从实践中观察到，在人体周围血象中中性白细胞百分率变化的同时，中医临床虚实辨证亦有相应的改变。为了探明其规律、本文根据部分老中医医案和有关临床资料，试作如下分析。

资料来源和选择

本文病例选自已正式出版的《蒲辅周医案》、《关幼波临床经验》、《老中医临床经验选编》第一辑和上海中医学院附属曙光医院住院部六病区，1981 年 4 ～ 6 月间有关病例资料，以内、儿科为主。

所选病例均有白细胞分类计数及当日比较明确的中医辨证记录。对可能影响中性白细胞百分率的某些病例，如伤寒、副伤寒、麻疹、流感、疟疾、黑热病患者，周围血象中性白细胞百分率明显下降；内脏出血的病人可使中性白细胞百分率升高，如消化道出血等，均未采用。

资 料 分 析

本文按资料来源不同，将病例分为六组，每组又均根据原始资料中中医辨证、治则和所用方药的侧重分虚实两大类。计算出虚实各类病例的中性白细胞百分率平均值，并测验虚实两类均值之间的差异性，其结果：

第一组采自《蒲辅周医案》，共 25 例，t 测验结果有非常显著意义。（$t=4.83$；$P<0.01$）

第二组采自《关幼波临床经验选》，共 7 例，t 测验结果有非常显著意义。（$t=4.98$；$p<0.01$）

第三组采自《老中医临床经验选编》第一辑（上），共 16 例，t 测验结果有非常显著意义。（$t=3.00$；$P<0.01$）

第四组采自曙光医院六病区 1981 年 4 月份病史资料，共 20 例，t 测验结果有非常显著意义。（$t=4.37$；$P<0.01$）

第五组采自曙光医院六病区 1981 年 5 月份病史资料，共 13 例，t 测验结果无显著意义。（$t=1.71$；$P>0.05$）

第六组采自曙光医院六病区 1981 年 6 月份病史资料，共 30 例，t 测验结果无显著意义。（$t=1.39$；$P>0.05$）

将以上六组所采集到 111 例分虚实两类，并进行 t 测验，结果 $t=7.10$；$P<0.01$，有显著差异。

在上述 111 例病案中，虚证 28 例，实证 83 例，为了说明中性白细胞百分率与中医虚实辨证的关系，按中性白细胞百分率分段计算虚证和实证出现率，其结果见附表。

附表 中性白细胞百分率与中医虚实辨证关系

中性白细胞（%）	虚证频数分布	实证频数分布	虚证出现率（%）	实证出现率（%）
30～35	2	1	84.62	15.38
36～40	1			
41～45	3			
46～50	5	1		
51～55	3	1	50	50
56～60	6	8		
61～65	3	10	17.24	82.76
66～70	2	14		
71～75	2	9	5.88	94.12
76～80	1	10		
81～85		11		
86～90		12		
91～95		5		
96～100		1		
合　计	28	83		

结果表明，中性白细胞百分率小于或等于

50%，中医辨证属于虚证的机遇为85%；中性白细胞百分率为51%～60%，虚实机遇各半；中性白细胞百分率为61%～70%，中医辨证属实证的机遇为83%；中性白细胞百分率大于或等于71%，属实证者占94%。

讨论与小结

通过以上资料的分析，初步看来中性白细胞百分率的高低变化与中医虚实辨证有着密切的关系，确对临床辨别虚实有一定参考价值，可作为虚实辨证的客观指标之一。

临床见中性白细胞百分率低于50%，应多考虑虚证的可能性；高于76%时可多考虑为实证的可能性；在51%～75%之间时有以下三种可能：1.阴平阳秘，属于正常人，2.属单纯虚证或实证中的一小部分患者，3.大部分虚实兼夹证属此范围，如将上述111例病案分"虚"、"虚实兼夹"、"实"三类，并计算各类中性白细胞百分率的均值，就会出现其均值大小有规律的排列，即"虚"<"兼"<"实"的现象。

婴幼儿白细胞百分率与成人略有差异，由于小儿白细胞反应性较成人明显，故中医儿科临床参照中性白细胞百分率进行虚实辨证时，还应结合小儿年龄，考虑其特殊性。这也同时说明，虽然中性白细胞百分率的变化与中医临床虚实辨证之间有一定的规律可循，但因人体存在着各种差异等等，故临症不可过分拘泥，还必须参合四诊，全面考虑。然而这项工作仅仅是一个开端，尚有待于今后进一步摸索，积累更多更全面的资料，反复应用于临床实践来加以证实。

（本文统计学部分承上海铁路中心医院邹根生医师审阅，部分病例资料采自上海中医学院附属曙光医院六病区病史档案，在此一并表示感谢！）

中西医结合治愈慢性脓胸一例

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患者侯××，男，40岁，病案号6524。发烧、乏力、盗汗，咳脓血痰12年；近20天加重，于1981年12月29日入院。自诉于1969年因结核性脓胸曾在某结核病院行右胸腔插管闭式引流术。术后时愈时发，不规则低烧、盗汗、咳脓血痰，气短、食纳差至今。既往曾有颈淋巴结核、肺结核病史。体温37.4°C，脉搏96次/分，血压100/60mmHg。慢性贫血病容，体质消瘦，表浅淋巴结不肿大。右胸廓明显塌陷畸形，右胸壁腋中线第8～9肋间有一瘘孔，流出淡红色稀薄腥臭味脓液少量，右肺呼吸动度消失，第4肋以下叩诊实音，右肺呼吸音消失。其他体征（—）。Hb 10 g，WBC 12,000，中性89%，淋巴11%，血沉2 mm/h，尿常规、肝肾功能均正常。痰内查到抗酸杆菌，脓液培养：无致病菌生长。X线胸片：两侧胸廓不对称，右侧胸腔缩小，第6肋骨因手术切除而再生，第4肋处显示液平段，液平面上为无肺纹理的透亮气体阴影，内侧为少部分萎陷的肺组织，胸膜增厚，气管纵膈移向患侧（图1、2，见插页3）。

入院诊断：慢性脓胸，支气管胸膜瘘继发感染。

住院经过：按慢性脓胸，支气管胸膜瘘继发感染治疗。经用青霉素80万u、链霉素0.5g，每日2次肌肉注射（共18天），体位引流等治疗5天，病情未见好转，故加用中药益气补血、托里消毒，方用托里消毒饮加减：皂刺、金银花、甘草、桔梗、白芷、黄芪、当归、白芍、白术、党参、茯苓、生姜各9 g，每日1剂，分两次服。5剂后患者精神好转，体温正常。20剂后食纳增加，面色红润，盗汗、咳痰减轻。西药改用土霉素500mg 每日4次，磺胺增效剂0.1g 每日3次口服（共15天）。胸透：右胸腔积液减少。继服42剂后盗汗、气短、咳痰等症状消失。西药又改用油剂青霉素30万u 每天肌肉注射一次，磺胺增效剂0.1g 每天三次（共15天）。1982年2月15日X线胸片：右胸积液已吸收，肋膈角变钝，右侧中外带肺纹理消失，肺压缩1/2（图3、4，见插页3）。于1982年2月16日全愈出院，继续抗结核治疗。

体会：本例因久病正气耗伤，气血不足，余邪未清，日久缠绵难愈而继发脓疡。故治拟扶正排脓解毒为主，使用托里消毒饮滋补气血、托毒排脓，同时配用抗菌素治疗而愈。经过临床验证，本法简便，疗程短，胸腔脓液吸收快、疗效满意。

Clinical Observation on Diethylester Rubia Cordifolia L. Promoting the Increase of Leucocyte Count in Leucopenia

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Diethylester Rubia Cordifolia L. (DRC) is a kind of synthetic drug. This study is to extend the field of its application to leucopenia of various causes. It was used on 4 kinds of patients with a dosage of 200mg t.i.d., most of them being children. Group I: Viral or bacterial infection (viral URI 2 cases, viral URI with myocarditis 1 case, and marasmus with septicemia by colon bacilus 1 case) with a leucocyte count ranging 1,650-3,500/mm^3. All of them had an increase of 1,300-3,500/mm^3 in 24-96 hours after medication. Group II: A group of 3 patients with leucopenia. One of them , was a woman laborer who had worked in a benzine workshop for 3 years. Another case was a 12 year-old boy with nephrotic syndrome who had suffered from leucopenia after immunosuppressive therapy with Cyx for 118 days. The third patient had been on chemotherapy with actinomycin D and VCR after the resection of a huge Wilm's tumor. Results have indicated that DRC is even more potential in promoting the increse of leucocyte count than the commonly used drugs such as leucogen, vit. B_4 and butylalcohol. Group III: 2 cases of acute lymphocytic leukemia with extremely low leucocyte count after VP (WBC 40,500 decreased to 1,700) and VMP regime (WBC 13,400 dropped to 550). Following the use of DRC along with leucogen, vit. B_4 and butylalcohol, WBC increased without suspension of the antileukemic therapy, thus they have synergetic action. Group IV: A 23-year-old male adult with aplastic anemia for 3 years. It was not clear to which type it belonged . Although DRC had been used for 3 months, no effect was obtained.

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Observation on the Cytology of Tongue Coating in Common Children Diseases

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Fluorescent microscopic examination of tongue coat smears from 135 cases was conducted. In the smears from dyspepsia and parotitis patients or from patients with white tongue coating, the leucocyte counts were low. In the smears from upper respiratory infections , measles and pneumonia patients of from patients with yellow tongue coating, the leucocyte counts were high. Test of significance: $P<0.01$. There is no positive correlation between the leucocyte count of the peripheral blood and that of the tongue coating . Test of significance: $P>0.05$.

At the early stage of measles, epithelium mainly consisted of surface layer cells and the leucocyte count was moderately increased. At the height of the disease, epithelium consisted mainly of middle and base layer cells, and the leucocytes, mostly polymorphs, were abundant and occupied the whole field of vision, especially in complicating pneumonia. During the recovery stage the epithelium and leucocyte count decreased.

The fact that fluorescent microscopic tests and tongue pattern have an intimate relation during various stages of a disease or in different diseases, preliminarily proves that a white tongue coating indicates an exterior, cold, deficiency disease, and that a yellow tongue coating indicates an interior, heat, excess disease with the presence of an infection.

This has deepened our knowledge of the effectiveness of the theory of exterior and interior, cold and heat, deficiency and excess in exploring the nature of development and change of the disease.

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Correlation between the Neutrocyte Percentage and Clinical Diagnosis for Xu (虚) and Shi (实) Syndrome in TCM

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A study was made to correlate , by means of statistical analysis, the relationship between the percentage of neutrocyte in the differential blood count and the clinical diagnosis for Xu and Shi syndrome in TCM. Once their relationship is established, the differential blood count can be employed as a new method for clinical diagnosis