Epidemic Cerebrospinal Meningitis during the Cultural Revolution

L’épidémie de méningite cérébro-spinale pendant la Révolution culturelle

文革時期流行性腦脊髓膜炎 大流行原因初探

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Introduction

Following the foundation of the People’s Republic of China (PRC), a program of public health reform was launched by the Communist Party of China (CPC) to shape the structure of the health care system. Four key principles were to guide the implementation of this system: the health care system should serve the workers, peasants, and soldiers; disease prevention should be prioritized over curative programs; Chinese medicine should be combined with Western medicine; and health promoting work should be carried out through mass movements. These principles underpinned the central values of public health care during the early years of the PRC, where disease prevention was thus given high priority.

At first, the disease prevention policies were directed at smallpox, plague and cholera. However, following the start of the Korean War in 1952, the CPC Central Committee suspected that the United States was engaged in biological warfare. This prompted the CPC to start the Patriotic Health Campaigns (Aiguo weisheng): first providing information on health threats caused by disease-spreading insects that, in this context of suspicions of biological warfare, should be systematically destroyed. Similar campaigns were later launched for the prevention of other diseases. In 1956, for instance, Chairman Mao launched the anti-schistosomiasis campaign in the southern provinces of

1. I would like to thank my three students Shum Wai, Ho Hinchi and Cheung Tinghei. We discussed this topic in July 2012. They inspired me to investigate this topic further. I have received a great deal of help from Prof. Lai Honkei of Sun Yat-Sen University in collecting research materials.
China, with the slogan “aiguo weisheng.” The aim was to improve agriculture and water conservation, in order to enhance agricultural production and to eliminate schistosomiasis, thanks to mass mobilization.4

The Patriotic Health Campaigns, which made wide use of propaganda posters and pamphlets, were seen as effective means for implementing hygiene and disease prevention measures through mass mobilization. Above all, these campaigns showcased the consistent political approach adopted by the CPC in mobilizing the masses to attain the goals of central government.5

While the CPC was engaged in programs for the elimination of a number of diseases, its policies however encouraged the spread of others. During 1966 and 1967, after the Cultural Revolution had been launched and nationwide gatherings of students and Red Guards (Hong wei bing) were encouraged, an outbreak of cerebrospinal meningitis spread throughout the country, causing over 160,000 deaths.6 This outbreak did not reach high visibility, due to the successes that the CPC achieved in controlling smallpox, cholera, plague, tuberculosis, and malaria.7 And this particular outbreak of cerebrospinal meningitis has generally been neglected by historians in their worldwide history of the disease.8

Drawing on provincial archives, health gazetteers (weishengzhi) and local gazetteers (difangzhi) published in various provinces and counties during 1980-2000, as well as on notices, documents and handbooks distributed for preventing cerebrospinal meningitis in the 1960s, this article traces the course of the 1966-1967 cerebrospinal meningitis epidemic, and sheds light on the factors that led to this acute and nationwide epidemic.

**Epidemic cerebrospinal meningitis in Beijing and nationwide**

Epidemic cerebrospinal meningitis, caused by meningococcus *Neisseria meningitidis* serogroup A in China, is a bacterial form of meningitis, caused by the inflammation of the protective membranes covering the brain and the spinal cord. The bacterium spreads through contact with saliva from an

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infected, and possibly asymptomatic, person. Typically transmission occurs through coughing, sneezing, kissing or sharing drinking vessels, and the like. Epidemic cerebrospinal meningitis has a high mortality rate.9

As modern epidemiological studies have shown, several conditions usually contribute to the outbreak of an epidemic of cerebrospinal meningitis. First, because the disease infects tissues in patients’ and carriers’ throats, speaking, coughing, or sneezing can spread the virus through the air, resulting in a dramatic increase in the number of people infected in a short period of time. The likelihood of transmission is particularly high in non-ventilated environments. Second, climatic factors play an important role in the seasonal upsurge of meningococcal diseases. In China, the disease is extremely common in winter and early spring. Third, meningococcal diseases attain epidemic levels in places such as college campuses and barracks during mobilizations, where many people are living together for the first time. Fourth, travelling facilitates the circulation of the disease inside a country, or from country to country. In particular, since gatherings of susceptible people represent an important risk factor for outbreaks, large population movements play a major role in the spread of infection and diseases. Fifth, poor living conditions and overcrowded housing are linked with a higher incidence of meningococcal diseases. Sixth, young adults, children, the elderly, and peasants are particularly vulnerable to meningococcal disease. Finally, people in some remote regions may lack immunity to the disease; thus, when the disease invades that area, an epidemic is highly probable.10

The cerebrospinal meningitis epidemic cycle is 10 years in China. The disease was prevalent in China in 1957, 1967 and 1977.11 From autumn 1966 to spring 1967, the disease began to spread, and became epidemic in every major city. Afterward, it rapidly spread to medium-sized and smaller cities, as well as remote and border areas. The incidence rate in 1967 was 403/100,000 people, that is four times higher than the incidence rate in 1975, which was the highest rate since records began.12 From 1966 to 1967, the disease affected most provinces, and started to decline in 1968.13

9. For more details from medical perspective, see World Health Organization 1998.
12. In 1975, 100/100,000 was defined as the highest incidence of the epidemic cerebrospinal meningitis. See Hu 1981: 61; Wang 1992: 5267-5282.
Fan Ka wai

<table>
<thead>
<tr>
<th>Province</th>
<th>Case (year)</th>
<th>Incidence rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anhui</td>
<td>254,961 (1967)</td>
<td>740.6 (1967)</td>
</tr>
<tr>
<td>Gansu</td>
<td>7,978 (1967)</td>
<td>55.48 (1967)</td>
</tr>
<tr>
<td>Hainan</td>
<td>4,452 (1967)</td>
<td>115.6 (1967)</td>
</tr>
<tr>
<td>Heilongjiang</td>
<td>38,900 (1967)</td>
<td>174.34 (1967)</td>
</tr>
<tr>
<td>Henan</td>
<td>356,082 (1967)</td>
<td>244.5 (1966) / 646.6 (1967)</td>
</tr>
<tr>
<td>Hubei</td>
<td>421,065 (1967)</td>
<td></td>
</tr>
<tr>
<td>Jiangsu</td>
<td>170,166 (1967)</td>
<td></td>
</tr>
<tr>
<td>Jiangxi</td>
<td>265,000 (1967)</td>
<td>1140.6 (1967)</td>
</tr>
<tr>
<td>Jilin</td>
<td>7,289 (1966)</td>
<td>161.21 (1967)</td>
</tr>
<tr>
<td>Liaoning</td>
<td>51,931 (1967)</td>
<td>177.97 (1967)</td>
</tr>
<tr>
<td>Ningxia</td>
<td>3,654 (1967)</td>
<td>376 (1967)</td>
</tr>
<tr>
<td>Qinghai</td>
<td>843 (1967)</td>
<td></td>
</tr>
<tr>
<td>Shaanxi</td>
<td>39,754 (1966)</td>
<td>78.50 (1966) / 177.16 (1967)</td>
</tr>
<tr>
<td>Shanxi</td>
<td>26,616 (1967)</td>
<td>136.71 (1967)</td>
</tr>
<tr>
<td>Sichuan</td>
<td>122,155 (1967)</td>
<td>163.29 (1967)</td>
</tr>
<tr>
<td>Xinjiang</td>
<td>7,090 (1967)</td>
<td>82.932 (1967)</td>
</tr>
</tbody>
</table>

Figure 1. Incidence of cerebrospinal meningitis in 1966 and 1967


14. Health gazetteers do not usually cite the references from which they extract numbers and information, so we are never sure where the numbers came from. Although the figures are not totally reliable, they may reflect the trend of the dissemination of epidemic cerebrospinal meningitis over the early period of the Cultural Revolution.
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This picture shows that the number of epidemic cerebrospinal meningitis infected patients (xxx) was not disclosed. “Quansheng fangzhi liuxingxing naojisui moyan gongzuos zongjie” 1967: 26. © Fan Ka wai.

for which we have no other figures. As picture 1 shows (xxx), the CPC had not released any official figures regarding the epidemic at that time. In a meeting, Zhou Enlai discussed with representatives from the rebel factions whether to publish the confidential figures pertaining to the meningitis epidemic. Zhonggong zhongyang lishi wenxian ziliao huibian 1997, vol. 13, no. 7: 216-232.
Picture 2

The map for Great Networking at Chongqing city. © Fan Ka wai.
Figures available for 1966, 1967, and 1968 (Fig. 1) clearly show that the epidemic peaked from 1966 to 1967 and declined afterward. However, Figure 2 indicates that the epidemic’s spread in Beijing differed from the provinces.

<table>
<thead>
<tr>
<th>Year</th>
<th>Infected people</th>
<th>Incidence (per 100,000)</th>
<th>Deaths</th>
<th>Death rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>22061</td>
<td>279.61</td>
<td>873</td>
<td>11.06</td>
</tr>
<tr>
<td>1967</td>
<td>10301</td>
<td>130.87</td>
<td>335</td>
<td>4.26</td>
</tr>
<tr>
<td>1968</td>
<td>2013</td>
<td>25.21</td>
<td>90</td>
<td>1.13</td>
</tr>
</tbody>
</table>

Figure 2. The data of cerebrospinal meningitis in Beijing from 1966 to 1968


As indicated by the statistics, in Beijing the epidemic reached its peak in 1966 and declined in 1967, while in the provinces, the epidemic reached its peak in 1967. To understand why the disease spread so widely and quickly in the provinces, we need to look more closely at the social and political events of the Cultural Revolution.

The Great Networking Movement within the Cultural Revolution

The Cultural Revolution started in 1966 with the publication of a number of Central Documents by the CPC. In one of these documents, the ‘May 16 Notification,’ Chairman Mao Zedong called upon students, who would come to play a vital role in contemporary Chinese history, to actively promote his reforms. Students gathered from all over China to form the Red Guards (*Hong wei bing*)\(^\text{15}\), and initiated a campaign to eradicate the ‘Four Olds’ (*Si Jiu*: Old Customs, Old Culture, Old Habits, and Old Ideas). This mass reform movement soon got out of control and led to a series of tragedies.\(^\text{16}\)

Before September 5, 1966, every university in Beijing had put up posters advertising the Cultural Revolution. From this date, the CPC Central Committee requested that China’s university and secondary school representatives go to Beijing to observe the Cultural Revolution. Over ten thousand students and teachers were mobilized in a nationwide movement. Nationwide, Red Guards left their homes to go to Beijing and other sacred places of the Revolution to exchange their revolutionary experience, and spread the flame of revolution.

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\(^{15}\) For more information on the Red Guards, see Chan 1985; Walder 2009.

all over the country, in a mass movement known as the ‘Great Networking’ or ‘National Great Networking’ (Dachuanlian or Quanguodachuanlian).\textsuperscript{17}

Most of the Red Guards from outside the capital set Beijing as their final destination in order to meet and pay homage to Chairman Mao, and share their revolutionary fervor and experience.\textsuperscript{18} The Red Guards who were based in Beijing set out for various key sites, assembling especially in the sacred places of the communist revolution, such as the Jinggang Mountains, Yan’an, Dazhai, Zunyi, Shaoshan\textsuperscript{19} and Guangzhou (the biggest city in the south). It was a way of rekindling in the present the revolutionary spirit of the past.\textsuperscript{20} A proclamation of December 1 mentioned that Beijing, Shaoshan, Jinggang Mountains (visited by 900,000 Red Guards during the Networking Movement)\textsuperscript{21}, Zunyi, and Yan’an were overcrowded with revolutionary teachers and students.\textsuperscript{22}

Schooling was suspended nationwide, and the Great Networking stretched from North to South and from West to East.\textsuperscript{23} This movement led to chaos in China, paralyzing railways and crowding dwellings. As Deng Tietao and MacFarquhar Roderick highlighted, this mass mobilization also triggered a cerebrospinal meningitis epidemic across the country. According to MacFarquhar Roderick, before the autumn of 1966, outbreaks of epidemic cerebral-spinal meningitis were rare in China, and highly localized, in large part because of a low degree of popular mobility. The sudden mobilization of millions of people from every corner of the country in extremely cramped and unsanitary conditions put an end to this situation and paved the way for a massive epidemic. This contribution examines the ways this epidemic spread.


\textsuperscript{18} Bu 2008: 329-332.

\textsuperscript{19} These places had something special: the Jinggang Mountains in Hunan were regarded as the cradle of the CPC, since Mao had led a group of peasants there in 1926. Yan’an, in Shaanxi, had been the base of the Chinese Communist Party from 1935 to 1949. It was also the end of the Long March (10/1934-10/1936). Dazhai village, in Shanxi, was chosen to implement the agricultural model that Mao proposed in 1963. Zunyi, in Guizhou province, had been the place of a crucial CPC meeting in January 1935. Shaoshan, in Hunan province, is the birth place of Mao Zedong.

\textsuperscript{20} Denton 2012: 248.

\textsuperscript{21} The local gazetteer reported 300 cases of epidemic cerebrospinal meningitis and the death of 18 patients Jinggangshanzhi 1997: 25, 578.


all over the country and how the authorities, sharing contradicting views, and belonging to different factions within the CPC, dealt with this epidemic.  

The political agenda of this movement was, in fact, inextricably linked with the spread of the disease. On August 8, 1966, Chairman Mao greeted the national representatives of the Red Guards for the first time at Tiananmen Square, in Beijing. From August to November 1966, 1.1 million students flocked to Beijing to worship Chairman Mao. However, Chairman Mao was not satisfied and believed that Beijing could receive up to three million Red Guards. To reach this goal, the central and local governments provided free transportation, food, accommodation, and medical services to the Red Guards, who also received support from their schools and local units in travelling to Beijing. The central government and State Council originally allowed students and representatives of the Red Guards to stay in Beijing for just four days. However, some newcomers considered this as an opportunity to see Chairman Mao in person. As a result, Beijing was even more crowded than usual as hundreds of thousands of students waited for a meeting with Mao. During their stay in Beijing, students relied on local schools for accommodation, sleeping on floors and sharing poor living conditions, which favored the spread of the disease. Meanwhile, since winter had arrived, cold weather provided an environment that further encouraged the virus and facilitated the spread of the disease. During this mobilization, there were 22,061 cases of meningitis reported in Beijing in the second half of 1966, with an incidence rate of 279.61/100,000, and a death rate of 11.06 (873 deaths). That year, the epidemic mostly affected Beijing. Although the CPC Central Committee was aware of the problem, it did not devise strategies to counter the situation. With ten thousand provincial students already ill in Beijing at that time, the Central Committee’s response was not providing them with treatment, but encouraging

28. The historian Ge Zhaoguang recalled his experience of participating in the Great Networking Movement, traveling from Guiyang to Beijing by train in 1966. He described the poor living condition when he was staying at Tsinghua University, Beijing. Ge 2011. Overcrowded sleeping arrangements is an important factor in the spread of the disease. See Baltimore 2009: 500-501.
the sufferers to go home.\textsuperscript{30} Without adequate preventive measures, the epidemic spread from Beijing to every corner of the country, in the following months.

However, Beijing was not the only place the students gathered. Guangzhou, the biggest metropolis and transportation hub in the south, which had received over 1.6 million Red Guards by the end of 1966, was also a popular place for students to visit in order to exchange their revolutionary experience.\textsuperscript{31} Likewise, Red Guards from all over the country travelled by rail to Hunan province, home to many important cities and symbolic places such as Shaoshan, Mao’s birthplace. By November 1966, the disease had reached a number of cities and counties in Hunan. It started to spread from the highway connecting Changsha and Shaoshan, which concentrated the largest population mobilization. The disease not only spread to Zhuzhou, Hengyang, Yueyang, Chenzhou, but also to the cities on the railway, and villages on both sides of the railway and highway. By February 1967, the disease had become epidemic in Hunan and Guangdong provinces.\textsuperscript{32} In Guangdong province, the first cases of the disease were discovered in Xinhui, Yangchun, and Liannan Yaozu Zizhi counties in 1967. The disease quickly spread throughout the People’s Communes Renmin gongshe, the basic rural administrative organization at village level in China from 1958 to 1983. Five students in Zhoubei and two in Guandu of Wengyuan county were infected and died of the disease during the Great Networking Movement.\textsuperscript{33}

At the end of 1966, the national Great Networking Movement unexpectedly moved in two new directions. Firstly, the movement which had primarily been reserved to students was joined by workers. Secondly, the movement, which had originally only focused on cities and revolutionary shrines, was extended to villages. Actually, on September 14, 1966, the CPC Central Committee had prohibited students and Red Guards from Beijing and other regions from


\textsuperscript{33} For more examples, see Xinhui xianzhi 1995: 1002; Yangchun xianzhi 1996: 886; Liannan Yaozu Zizhi xianzhi 1996: 610; Wengyuan xianzhi 1997: 776.
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entering villages below county level. Moreover, officials and village students below county level were not allowed to participate in the Great Networking Movement. However, on December 15, 1966, the CPC Central Committee ordered that the Cultural Revolution should be promoted in villages, as well, and that Red Guards should be formed there. Revolutionary students were now permitted to enter villages. This political change facilitated the transmission of the disease from cities to villages. Figure 3, drawn from health gazetteers from many counties in Guangdong province, shows that the disease not only appeared in Guangzhou city, but was also widespread in villages all over Guangdong province.

With this change of policy, from winter 1966 to spring 1967, the disease became prevalent in all the major cities, and also reached remote districts, small towns, villages, the People’s Communes, and brigades along the railways and highways.

Transporting huge numbers of Red Guards all over China overwhelmed the railway system, and seriously affected the transportation of ordinary resources. Premier Zhou Enlai was deeply concerned that the Great Networking Movement which had paralyzed traffic across China, interrupting the supply of important goods and materials, would cause delays in reaching the objectives of the third five-year plan (1966-1970). To solve this problem, the central government took another decision that would later impact on the spread of the epidemic: while it did not stop the Great Networking Movement, it advised Red Guards and students to continue the movement on foot; central and local governments would no longer supply free transportation.

36. The records of Zhongshan city, Zhaoqing city, Raoping county, Fengshun county, Luoding county, Pingyuan county, Hua county and Wuhua county stated that the disease was brought from other places by the students participating in the Great Networking Movement. The first case of the disease in Sanshui county was discovered in 1967, and the patient was a student from another province. Also, the first case of the disease in Hua county was discovered in 1966, and the patient was a Shanghai student. Sanshui xianzhi 1995: 1217. Huaxianzhi 1995: 802.
37. In Wuhua county, for instance, the disease was prevalent in 15 People’s Communes, 3 towns and 313 brigades in 1967. Wuhuaxianzhi 1991: 551.
On October 3, 1966, the People’s Daily (Renmin ribao) published a headline, “The Red Guards do not fear a long march,” to inspire the Red Guards to share their revolutionary experience through walking. This measure, which was intended to improve the economy of the country, and to avoid congestion in major hub cities such as Chongqing (picture 2), Guangzhou, and Changsha, indirectly facilitated the spread of the epidemic into villages and remote areas of the country that had been left untouched by the disease because they were too far from railways. It notably provided further opportunities for Red Guards to share their revolutionary experience in small towns and villages, and to communicate with peasants in more remote areas, who typically lacked immunity to meningitis, and thus were more easily infected.

Knowledge about methods of prevention and a cure for cerebrospinal meningitis was however available in the medical community in China at that time. In 1961, a book, Prevention and Treatment of Epidemic Cerebrospinal Meningitis, was published by Dr. Wang Qihuang, from Shanghai Ruijin Hospital’s Department of Infectious Diseases. This book described how to prevent and cure the disease in 1950s China. It thoroughly reported six key facts relating to cerebrospinal meningitis: first, the disease usually occurred during the winter and spring seasons; second, patients were usually children; third, bacteria carriers were the source of the disease; fourth, it was necessary to keep indoor air pure and fresh; fifth, people needed to wear masks when they went to public assemblies or places of entertainment because these places were usually crowded, with turbid air; sixth, people should adopt indoor air sterilization when they were staying at epidemic-affected areas, or places with a high bacteria carrier rate. In terms of treatment, some effective methods for curing the disease were known and available, such as multiple sulfa drugs and antibiotics, and even some treatments using Chinese medicine. The book also pointed out that the Chinese New Year period was a period when this disease could spread widely and easily, as, before and after the Chinese New Year, people used to gather at places of entertainment, took public transport and visited shops. Dr. Wang’s book finally stated that when measures had been vigorously enforced by the CPC, the death toll from cerebrospinal meningitis had greatly reduced, and the incidence of the disease also apparently had


40. The revolutionary organizations published a notice which stated that the Great Networking Movement was a great and new creation, and urged students not to stay in big cities but to learn from the workers and the peasants. Zhonggong zhongyang lishi wenxian ziliao huibian 1997, vol. 13, no. 2: 270.

declined in the 1950s. In the 1960s, the medical community in China had thus the proper skills and knowledge to have the disease under control.

Given the resources available at the time, putting an end to the Great Networking Movement when the disease had appeared in Beijing, in 1966, would have been the most effective way to halt the spread of the disease. However, several political factors, including Mao’s utopist ideal of mass mobilizations, outbursts of enthusiasm by students and political struggles among different CPC factions hindered such a resolution. In addition, no one dared to openly blame the movement and its actors through of the fear of being accused of counter-revolutionary crime, publicly criticized and violently beaten. During this period (throughout the country) a significant number of people were beaten to death.

In 1966, Chairman Mao’s movement could not be easily stopped because Mao’s utopist ideology was stronger than the Ministry of Health. While Premier Zhou ordered that students and Red Guards should not use railways in late 1966, because the transportation system was severely interrupted by the movement, it was impossible to stop the trend immediately. In some cases, students ignored the order, and continued to travel in trains.

In November 1966, as the traffic congestion situation worsened, the CPC Central Committee decided to temporarily halt the Great Networking Movement, and ordered students to participate in the revolutionary movement in their respective hometowns until the next spring when the movement would start again. The central committee of the CPC stopped calling upon students to gather at Beijing and the sacred places of revolution. Instead, it encouraged students to congregate with their neighbors and launch the revolution at home. It provided free tickets and accommodation to leave Beijing and return home, and re-opened schools.

Final decision on the termination of the Great Networking Movement

By early 1967 the epidemic had spread throughout China, which made it very difficult to control. Coming under pressure from local authorities, the CPC Central Committee and State Council addressed the epidemic from February 1967.

Some local authorities issued announcements to publicly address the problems of the epidemic in February 1967. For example, on February 7, 1967, an emergency notification was issued by the town government of Huangshi in Hubei province. The notification’s title was, “We urge you to fight against Epidemic Cerebrospinal Meningitis,” and pointed out that epidemic cerebrospinal meningitis was rampant in Huangshi town and Daye village. The number of patients was growing, and the onset of the disease was acute, with high mortality. Meanwhile, it also stated: “Next spring there will be millions of young revolutionaries arriving at our city, leaving other cities and going straight to the heart of our country in order to share their revolutionary experience; therefore, to prevent and eradicate the disease, we must put the topic down in our agenda, so that all people will place extra emphasis on the matter.”

This notification was announced in view of the next population mobilization, and Huangshi town had to prepare disease prevention measures to face the restoration of the Great Networking Movement in April.

Other provinces lacked medicines. A CIA report stressed that the chaos and mobilization caused by the Cultural Revolution had led to the transmission of the disease, and in provinces like Guangdong, the epidemic was out of control due to the shortage of sulfadiazine—a drug used in the prevention and treatment of the disease. In fact, in February 1967, severe shortages of sulfadiazine began to occur elsewhere, leading many Chinese people to turn to traditional medicine. Local health units placed urgent calls to higher echelons for supplies of sulfadiazine.

In the face of such a severe situation and aware of warnings from many local authorities, the CPC Central Committee issued a proclamation on

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46. Carey 1967. Although the United States of America (US) did not have much information relating to the Chinese outbreak of epidemic cerebrospinal meningitis, US officials were extremely concerned, believing that the situation was both serious and unprecedented. In Hong Kong, the CIA communicated with the travelers travelling between Hong Kong and Guangzhou in an effort to understand the circumstances of the epidemic in mainland China from 1966-1967.
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19 March, 1967 which cancelled the previous plan to restore the movement in spring 1967.\textsuperscript{47} At the same time, the CPC Central Committee decided to restore school classes so that students could participate in the revolution while they were in their hometowns, and pursuing their education, at the same time, and addressed the question of the epidemic.

**Ideologies for eliminating the epidemic**

After the CPC Central Committee’s announcement (March 3, 1967 that the elimination of the epidemic was a political mission, both central and local governments paid significant attention to the disease, and were willing to spend money and provide resources for preventive programs.\textsuperscript{48} The CPC Central Committee used two slogans and two ideologies to fight the disease: 1) “Accelerate the revolution, increase production” (\textit{zhua geming cu shengchan}) and 2) The “Patriotic Health Campaigns” (\textit{Aiguoweisheng}) already mentioned and used in the context of the Korean War and the schistosomiasis campaigns.

When the Cultural Revolution was launched, agricultural and industrial production suffered. An article published in the \textit{People's Daily} on September 6, 1966, specified that “the Cultural Revolution is the main focus; we must revolutionize and produce at the same time without any delay.”\textsuperscript{49} The slogan “Accelerate the revolution, increase production,” one of the main ideologies of the revolution, was emphasized in a \textit{People's Daily} article published on September 7, 1966, following Mao’s instructions, where it was stated that revolution and production should not be delayed.\textsuperscript{50}

Increasing agricultural and industrial production required a healthy population and effective disease control. As a result, the control and preventive measures of the epidemic also became a significant part of the supreme instruction of the third five-year plan (implemented by the CPC during 1966-1970). Applying the slogan, local authorities put the disease at the center of their activities. For instance, a prevention and treatment notice published in Guangxi Province explained:

\textsuperscript{48} Zhonggong zhongyang guowuyuan zhishi 1967: 1.
\textsuperscript{50} “Zhua ge ming cu sheng chan” 1966: 1.
Apply all effective measures to eliminate diseases that affect people’s health so that we can effectively implement revolution and increase production in order to ensure a smooth proletarian Cultural Revolution. […] According to Chairman Mao’s indication to accelerate revolution and increase production, we must pursue a proletarian Cultural Revolution and actively prevent and treat diseases so that the revolution will run smoothly, this is vital to the development of industrial and agricultural production. […] To prevent and treat meningitis is not a general problem, the problem is to implement the Cultural Revolution and increase production.51

The fight against the epidemic was also incorporated into the Patriotic Health Campaigns mentioned above. The Patriotic Health Campaigns, since their implementation in 1952, had aimed to “motivate everyone (dongyuan qilai), decrease disease (jianshao jibing), make changes in customs (yifeng yisu), make changes to the country (gaizai guojia),” and fight for the protection of health and to prevent diseases. The CPC regarded the treatment of disease as a way of increasing the strength of the population, and moving forward from a backward stage to a more advanced level. Public health was seen as a strategy to increase productivity, develop industrial and agricultural production, and eventually improve living standards.52 After the end of the Korean War, the focus of the Patriotic Health Campaigns, once restricted to fighting the United States’ alleged biological weapons, became the more general concern of public health and hygiene, and introduced the idea of public health and hygiene as an ongoing, everyday activity. Every household had to clean its home, and everyone was made highly aware of hygiene.

Since the 1950s, committees had been operating in every province and city in China to promote, advertise and organize the Patriotic Health Campaigns. Under orders from Chairman Mao and the CPC Central Committee, the campaign essentially mobilized the general public to participate in a national movement for hygiene and disease prevention. It believed that mobilizing the masses, through the spirit of revolution, could be used to solve any post-1950s public health problem. In 1967, the central and local authorities mobilized the masses to carry out preventive measures for cerebrospinal meningitis specifically under the Patriotic Health Campaigns, promoting notably the slogan of Sankai (three opennesses), Sanshai (three sun-dryings), and Sangeli

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This preventive campaign was the major measure taken by the Patriotic Health Campaigns during the winter and spring.

The central and local strategic policy against epidemic cerebrospinal meningitis

On March 3, 1967, the State Council, (according to an epidemic prevention report, submitted by the Ministry of Health), instructed local authorities at all levels to take immediate action to control the disease. In February 1967, initiating the preventive measures in every province and teaching the public how to prevent the disease were significant steps in controlling the epidemic. In Hunan province for instance, the following prevention efforts were made: firstly, the CPC Central Committee and the State Council provided medical support, sending medical staff and drugs to the Hunan province (indicating cooperation between the Ministry of Health, the Ministry of Communications, the Department of Railways, and the Department of Commerce). Secondly, Local epidemic elimination offices were established at all levels of government, including provincial, city, county government, community, and production brigade. The offices above the county level were led by military officers, and the duties of each office were clearly assigned. Thirdly, data collected about the epidemic were shared, and a large-scale promotion campaign was launched. Finally, 800 health teams composed of 12,799 medical staff were created, and sent to villages to promote the preventive program, and to treat any patients. From late February to April, a total of 429 patients had been treated.

It is worth noting that some difficulties were also encountered. The disease had spread throughout the villages in Hunan province, but the village health organizations could not control the epidemic due to a lack of preventive measures and necessary drugs. China also lacked other medical supplies,

53. “Three opennesses,” “three sun-dryings,” and “three isolations” are preventive measures designed to confront the epidemic. “Three opennesses” includes: 1) building more windows in the house; 2) enlarging the size of the windows; and 3) keeping windows open frequently. “Three sun-dryings” consists of: 1) drying clothes in the sun; 2) drying beds in the sun; and 3) sunbathing. Finally, “three isolations” involves the isolation of 1) patients; 2) relatives; and 3) the community.


such as face masks. For example, many medical staff in Guangzhou hospitals became infected with the disease when attending meningitis patients. Many county and city hospitals of Guangdong province urgently requested more money to purchase medical tools and drugs, especially first-aid supplies and sulfa drugs. However, local governments did not have enough funding to support the preventive work and treatment of the disease, to purchase the medicines and to pay medical staff.

In February and March 1967, after receiving orders from the highest command of the CPC Central Committee, control centers were established in every province, county and city. These control centers had the role of coordinating prevention efforts, notably by printing and distributing health care handbooks of various forms, and treating meningitis. In August 1967, a handbook entitled, *The Prevention and Treatment Handbook of Epidemic Cerebrospinal Meningitis*, was co-edited by the Sanitation and Anti-epidemic Station, the Children’s Hospital, the Beijing First Hospital of Infectious Diseases and the Beijing Second Hospital of Infectious Diseases, and the Chinese Medical Association. This book is divided into three sections: 1) prevention, 2) diagnosis, and 3) treatment (instructions relating to using sulfur drugs, penicillin and chloramphenicol). It emphasized the importance of preventive measures and also that the government had a significant role to play in health education relating to the disease and in mobilizing public participation. If one compares this handbook with Wang Qihuang’s book (1961), it is clear that this publication further emphasized prevention, including: monitoring the health of people who had been in close contact with patients; providing adequate medical supplies for them; and even advocating the quarantining of epidemic areas in order to decrease the spread of the disease. Finally, the handbook stresses that the public should minimize the possibility of contact with people infected by the disease. For example, in areas where the disease was prevalent, the book advised that people stop public assemblies and cultural/entertainment activities. It recommended that affected villages and production brigades should be isolated if necessary.

The political strategies among the different factions within the CPC delay the implementation of public health measures

As numerous scholars have shown, the complex power struggles that existed among the different political factions within the CPC at that time may explain why it took so long before any concrete evidence of cooperation between the CPC and the Ministry of Health could be seen.

At the beginning of the Cultural Revolution, most central government departments were seized, and government officials attacked by what was later known as the rebel factions (zao fan pai). At the beginning of the Cultural Revolution, these mass organizations criticized government officials suspected of revisionism and took over every government unit. The Ministry of Health was no exception. In August 1966, Tao Zhu (the vice-premier of the State Council and the head of the Central Publicity Department) was promoted to the Standing Committee of the CPC Politburo, and assisted Zhou Enlai in handling the daily affairs of state. Prior to February 1967, he was in charge of the Ministry of Health. However, he was attacked verbally by Jiang Qing and the rebel factions, which surrounded and took over the Ministry of Health. Qian Xinzhong, the Minister of Health, was dragged into the political struggle. However, he was powerless and could not do anything as he was trapped in a power struggle between Sun Zheng, the secretary of the Ministry of Health, and the rebel factions. While an office to eliminate the cerebrospinal meningitis epidemic had already been established, it could not function under these circumstances.

Premier Zhou Enlai was in a difficult situation: on the one hand, he could not oppose Chairman Mao directly and halt the Great Networking; on the other, he had no control over the Ministry of Health until February 1967, when he resumed the cerebrospinal meningitis epidemic control office to promote the prevention and treatment of meningitis. Zhou believed that this was the most urgent issue at that time, and that it should be addressed without delay.

Conclusion

The nationwide cerebrospinal meningitis epidemic in China during 1966-1967 was largely triggered by political factors. The mass mobilization campaign of the Great Networking Movement, launched by the CPC in the first stages of the Cultural Revolution, led over ten million students and Red Guards to travel across the country to share revolutionary experience and worship Mao. All mass pilgrimages facilitate the spread of disease. In this case the ‘pilgrimage’ initially focused on Beijing and the sacred places of the communist party, and later the ‘pilgrims’ travelled throughout the country, even to the remote rural corners, unwittingly spreading the disease. The gathering of crowds, the huge number of travelling students and the period of the year (winter/spring) when this mobilization took place contributed to the rapid spread of epidemic cerebrospinal meningitis throughout the country. Once the disease was so widespread, the epidemic was difficult to contain, not least because of the political struggles among political factions in the CPC which prevented the ending of the mass mobilization movement and the implementation of public health measures.

Tracing the history of the cerebrospinal meningitis epidemic at the beginning of the Cultural Revolution, this paper has found a collective memory of the period in which Zhou Enlai developed his heroic image of saving the people from the epidemic. On March 28, 2008, a stele titled Premier Zhou Enlai saves us (Zhou Enlai zongli jiumin beiji) was placed in Dabu county, in Meizhou, Guangdong province. The inscription illustrates the severe epidemic in Dabu county in early 1968. The stele recalls that at that time a teenager sent an urgent telegram to Chairman Mao, reporting the severe epidemic situation. Once Premier Zhou read its contents, he immediately sent doctors to the epidemic area, and as a result, the disease was quickly and finally brought under control.

Is the story true? The author of this paper has no answer at the moment but hopes that more archives and information relating to this epidemic will be released. This will facilitate a deeper understanding of the socio-political situation of the time and the roles of the various actors in handling the epidemic.
## Epidemic Cerebrospinal Meningitis during the Cultural Revolution

<table>
<thead>
<tr>
<th>City/County</th>
<th>Case</th>
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</table>

Figure 3. Incidence of cerebrospinal meningitis in Guangdong counties

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Glossary

Aiguo weisheng 愛國衛生
Anhui 安徽
Beijing 北京
Changsha 長沙
Changshao 長韶
Chenghai xian 澄海縣
Chenzhou 郴州
Chongqing 重慶
Conghua xian 從化縣
Da chuan lian 大串連
Dabu (xian) 大埔(縣)
Daye 大冶
Dazhai 大寨
Deng Tietao 鄧鐵濤
Deqing xian 德慶縣
Dianbai xian 電白縣
Difangzhi 地方誌
dongyuan qilai 動員起來
Fengkai xian 封開縣
Fengshun (xian) 豐順(縣)
Fogang xian 佛岡縣
Fujian 福建
gaizai guojia 改忈國家
Gansu 甘肅
Gaoming xian 高明縣
Guandu 官渡
Guangdong 廣東
Guangxi 廣西
Guangzhou 廣州
Hainan 海南
Hebei 河北
Heilongjiang 黑龍江
Henan 河南
Hengyang 衡陽
Heshan xian 鴻山縣
Heyuan xian 河源縣
Hong wei bing 紅衛兵
Hua (xian) 花(縣)
Huaiji xian 懷集縣
Huangshi 黃石
Hubei 湖北
Huiyang xian 惠陽縣
Hunan 湖南
Jiang Qing 江青
Jiangsu 江蘇
Jiangxi 江西
jianshao jibing 減少疾病
Jiaoling xian 蕉嶺縣
Jiexi xian 揭西縣

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Jilin 吉林
Jinggang Mountains 井岡山
Lechang xian 樂昌縣
Lianjiang xian 廉江縣
Liannan Yaozu Zizhi 連南瑤族自治
Lianshan Zhuangzu Yaozu zizhixian 連山壯族瑤族自治縣
Liaoning 營林
Longchuan xian 龍川縣
Luoding (xian) 羅定(縣)
Mao Zedong 毛澤東
Meixian 梅縣
Meizhou 梅州
Nanxiong xian 南雄縣
Ningxia 寧夏
Panyu xian 番禺縣
Pingyuan (xian) 平遠(縣)
Puning xian 普寧縣
Qian Xinzhong 錢信忠
Qinghai 青海
Qingyuan xian 清遠縣
Quanguo dachuanlian 全國大串連
Raoping (xian) 饒平(縣)
Renmin gongshe 人民公社
Renmin ribao 人民日報
Ruyuan Yaozu zizhi xian 乳源瑤族自治縣
Sangeli 三隔離
Sankai 三開
Sanshai 三曬
Sanshui (xian) 三水(縣)
Shaanxi 陝西
Shandong 山東
Shanghai Ruijin 上海瑞金
Shantou 汕頭
Shanxi 山西
Shaoshan 韶山
Shixing xian 始興縣
Si Jiu 四舊
Sichuan 四川
Sun Zheng 孫正
Tao Zhu 陶鑄
Fan Ka wai

Tiananmen 天安門
Wang Qihuang 王耆煌
Weishengzhi 衛生志
Wengyuan (xian) 翁源(縣)
Wuhua (xian) 五華(縣)
Xinhui (xian) 新會(縣)
Xinjiang 新疆
Xinxing xian 新興縣
Xinyi xian 信宜縣
Yan’an 延安
Yangchun (xian) 陽春(縣)
Yangjiang xian 陽江縣
yifeng yisu 移風易俗
Yueyang 岳陽
Yunan xian 郁網縣
Yunfu xian 雲浮縣
Zao fan pai 造反派
Zhaoqing 肇慶
Zongli jiumin beiji 周恩來總理救民碑記
Zhou Enlai 周恩來
Zhoubai 周陂
zhua geming, cu shengchan 抓革命，促生產
Zhuzhou 株洲
Zijin xian 紫金縣
Zunyi 遵義