preserved meats are a common cause of foodborne botulism outbreaks among aborigines populations in Canada; from 1971 to 1984, 93% of botulism victims occurred among native people, and 59% of all outbreaks were due to home-preserved meats². In mainland China, 91 (9%) of 986 outbreaks of botulism from 1958-1983 were caused by home-preserved meats³.

Health station staff in areas which serve aborigines populations should be aware of this problem and educate the community about the danger of eating uncooked home-preserved foods. Any person who has eaten home-preserved foods and develops neurologic symptoms should be suspected of having botulism. Such persons should be taken to a hospital immediately, and the Department of Health notified by telephone (days 02-351-8530 or 02-396-2847; nights 02-762-5961 or 02-712-9210).

References

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Amebiasis in a Mental Institution - Teng Shwei

On January 28, 1986, the Mobile Surveillance Team for the Northern Region notified the Bureau of Disease Control of a possible outbreak of amebiasis in a mental hospital in Teng Shwei, a suburb of Taipei. This report was prompted by the diagnosis of amebiasis in a mental patient who had been transferred from the hospital to the National Taiwan University Hospital (NTUH).

The patient, a 37-year-old male schizophrenic, had been in the mental hospital for two years. He was physically well until January 9, when he had onset of bloody diarrhea. He also developed vomiting and epigastric abdominal tenderness. On January 10, his abdomen was distended and he became lethargic. He was transferred to NTUH for further diagnosis and treatment. A sigmoidoscopic examination revealed a white, ulcerated patch in the rectal mucosa; a biopsy yielded trophozoites of *Entamoeba histolytica*. The patient expired on January 18; no autopsy was performed.

The mental hospital is a private institution caring for psychiatric and mentally retarded patients. There were nearly 400 patients residing in the hospital at the time of our investigation. Most were ambulatory and able to perform simple self-care tasks. However, patients frequently soiled themselves and were unable to maintain good personal hygiene. The living conditions were crowded; 30 to 50 patients shared rooms of approximately 45 square meters each. Meals were prepared by patients trained as cooks and were served in a single large dining hall. Meals for hospital staff members were prepared in a separate kitchen by non-patient cooks and served in a separate cafeteria. Medical care facilities