

similar gains were not made by the group who transferred from their homes in the community. It would seem from the results of the present study that discussion of clinical gain in terms of institution versus community are far too simplistic. It appears that much greater efforts must be made in providing optimum environments for individuals. Furthermore, if the goal of such transfer is skill acquisition we must increase our efforts to teach individuals how to make use of new environments.

The results from the present study must be interpreted with a considerable degree of caution since the study suffers from a number of limitations. Although residents were chosen at random, the hospital and community sub-populations of origin were relatively small and restricted. Different staff members were involved in rating residents on different occasions, thus inter-rater reliability can not be guaranteed. Indeed, care-staff's attitude may change over time as they become more familiar with residents and thus, less critical. Behavioural assessment did not commence until six months after transfer. This may have resulted in the loss of behavioural data indicating significant change, particularly in the maladaptive behaviour domain. The administration of test materials sometime prior to transfer may have resulted in greater behavioural contrasts. The sensitivity of the assessment instruments in gauging subtle behavioural changes must be considered. For example, the ABS part II has only two ratings, "occasionally" and "frequently" and the 14 behavioural domains given equal weightings. Finally, the present study did not address the important issue of whether transfer resulted in an improvement in the quality of life for the relocated residents.

However, despite these shortcomings, the present study has demonstrated that people with a mental handicap who previously resided in a mental hospital can make major progress following transfer to smaller group homes. Also, the study has been useful in providing some evidence as to how groups from different residential origins adjust to living in small residential facilities. Future researchers may wish to carry out assessment prior to transfer, possibly study larger groups and introduce a more longitudinal approach to the study of the effects of relocation. The effects of gender and level of handicap should also be more fully investigated.

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COVER PICTURE:

Gleninsheen Gold Collar, Co. Clare.

Circa 700 BC¹. National Museum of Ireland.

This gold collar was found concealed in a rock fissure in 1932. No other objects were found with it. It consists of a crescent of sheet gold to which two terminal discs are stitched using twisted gold wire. It is one of eight such collars still in existence. Their distribution is confined mainly to Counties Clare, Limerick and Tipperary.

Irish goldsmiths developed their skills over a period of fifteen hundred years reaching a peak of technical achievement combined with a sophisticated sense of design and decoration at around 700 BC in the Irish Later Bronze Age. This progression in gold work was aided by parallel developments in copper and bronze working technology, and by the plentiful supply of gold and sufficiency of wealthy patrons.

1. *Treasures of Ireland*. Michael Ryan, ed. Dublin: Royal Irish Academy, 1983.

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ERRATUM

Cerletti 1990; 7: 177

Ugo Cerletti's date and place of birth were 26 September 1877, Conegliano Veneto in Veneto, Italy.