Numbers of cases (true positives) and controls (true negatives) identified by SCOFF questionnaire* as being likely to have eating disorder

	Total No of subjects	No of participants identified by SCOFF as likely to have eating disorder
Cases		
All cases	116	116
Bulimic cases	48	48
Anorectic cases:	68	68
"Bingeing"	35	35
"Restricting"	33	33
Controls	96	12

*If participants gave positive responses to at least two of the five questions (see box).

Comment

The SCOFF questionnaire seems highly effective as a screening instrument for detecting eating disorders; it is simple, memorable, and easy to apply and score, and it is designed to raise suspicion of a likely case rather than to diagnose.

We consider that the SCOFF questionnaire performed well against the 10 questions suggested by Greenhalgh to assess screening tests.⁵ The false positive rate of 12.5% is an acceptable trade off for very high sensitivity.

Further work is needed to establish validity and reliability in a wider population, and particularly in those at risk of eating disorders in the general population. None the less, there is sufficient evidence of validity for it to be used routinely in all patients considered at risk of eating disorders.

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Contributors: JFM initiated and coordinated the study, discussed core ideas, designed the study protocol, and participated in data collection and analysis and in the writing of the paper. JHL discussed core ideas, participated in protocol design and interpretation of data, and contributed to the writing of the paper. FR led the statistical analysis, participated in data interpretation, and contributed to the writing of the paper. JFM will act as guarantor of the paper.

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A memorable period A small United Nations

In King's Cross in London in 1856 a small independent, voluntary hospital assembled in a modest house, 11 York Way. Sherard Freeman Statham, assistant surgeon at University College, founded the institution and named it the Great Northern Hospital. On 17 July 1888 the hospital moved to a new building in the Holloway Road and was formally opened by the Prince and Princess of Wales. It received a royal charter on 2 November 1921. On its first centenary the hospital had 279 beds and a bustling outpatient department. The later half of the present century saw the Royal Northern Hospital transform into a major centre of clinical excellence and postgraduate education. The reputation was based on the century old tradition started by medical luminaries such as Dr Robert Bridges, who later became poet laureate; Sir Andrew Clark, president of the Royal College of Physicians; and Sir William Savory, president of the Royal College of Surgeons. These outstanding personalities were to be followed by surgical teachers, including Sir Lancelot Barrington-Ward, Mr Hamilton Bailey, and Mr McNeil Love, and physicians, such as Dr Clifford Beale and Dr Tommy Horder (later Lord Horder). My association with the hospital started in October 1966. A Prophit Research Scholarship from the Royal College of Physicians made it possible for me to stay there for three years and carry out clinical and immunological studies in sarcoidosis. In 1953 Dr David Geraint James spearheaded the multidisciplinary sarcoidosis clinic, the first clinic of its kind. It was unique because he involved clinicians, physiologists, and immunologists. Scattered among them were residents, postgraduate and medical students, and international visitors. Our patients came from all walks of life. The sarcoidosis clinic became and remained for more than three decades a small United Nations. Weekly staff conferences were

dominated by the sharp wit of Sir Reginald Murley, later president of the Royal College of Surgeons, and his team, and the postgraduate dean, Dr Geraint James, and his team. These gatherings were occasions of sophisticated, intellectual debate, lightened by agreeable repartee. I recall these weekly meetings as the most lively and rewarding in Britain. During my three years I was fortunate to meet and exchange ideas with Nobel laureates Peter Medawar and Baruch Blumberg; geneticist Alexander Bearn; hepatologist Sheila Sherlock; gastroenterologist Christopher Booth; surgeon Dickson Wright; endocrinologists Raymond Greene and Sir John McMichael; sarcoidologists Guy Scadding, Sven Lofgren, and Louis Siltzbach; and immunologist Jan Costa Waldenstrom. The Royal Northern Hospital was closed as a result of a game of political chess. There were three other important hospitals in north London—the Royal Free, University College, and the Whittington. A process of amalgamation united all three, and the Royal Northern lost out in the reshuffle. The site is now a large and expensive block of flats. I hope the present residents enjoy themselves as much as we did.

Om P Sharma, *professor of medicine, Los Angeles*

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.