point' rather than diffuse, is a reliable indicator of innocent abdominal contents. As a caveat, it should not be used in the very young or old, as it is then open to misinterpretation, and is of no use in generalized abdominal pain.

In the above series, 19% of the patients were positive and presumably all except one would have settled without laparotomy (that single case emphasizes the importance of considering the entire clinical picture). Since these patients had already been 'filtered' through the general practitioner or the accident department, the proportion that we should expect to see in our own departments would be higher. Therefore, the use of this test in the cooperative patient with localized abdominal pain and no associated features should reduce the need for more sophisticated diagnostic techniques and the pressure on in-patient beds.

I should like to thank Mr R. Thomson for introducing me to this test.

A. P. WETHERALL

Registrar, Accident and Emergency Department,
Hope Hospital, Salford,
England

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Re: The use of the accident and emergency department

Sir

The problem of inappropriate attendance at accident departments (Driscoll *et al.*, *Archives of Emergency Medicine*, Volume 4, Number 2, June 1987, pp. 77-82) is one shared by most inner-city departments. I agree that it is difficult to reverse the trend but I also believe that patients with general practice illnesses should be seen by doctors trained in general practice. I suggest two solutions.

Firstly, general practice deputizing services should be formally organized by health authorities and run in such a way that properly trained doctors provide a fast and efficient service. Secondly, inner-city departments should have a section staffed by a general practitioner where patients with general practice illness could be seen. This section would be open outside normal surgery hours and until 10 pm and would be staffed, by rota, by local general practitioners.

A. M. LEAMAN

Senior Registrar in Accident and Emergency,
The Accident Department,
Royal Liverpool Hospital,
Liverpool, England