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THE ORGANIZATION AND RULES

OF

Bellevue Hospital

House Staff

Adopted by the Board of Trustees of Bellevue and
Allied Hospitals, March, 1904.



General Medical Superintendent
Bellevue and Allied Hospitals.

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The House Staff of Bellevue Hospital.

1. There shall be appointed by the Board of Trustees, on nomination by the Medical Board, regular graduates in medicine from the Medical Colleges of the City of New York, who shall compose the House Staff of Bellevue Hospital.

2. The members of the House Staff shall be known in the order of their rank as:

1. House Physician or House Surgeon.
2. First Senior Assistant House Physician or First Senior Assistant House Surgeon.
3. Second Senior Assistant House Physician or Second Senior Assistant House Surgeon.
4. First Junior Assistant House Physician or First Junior Assistant House Surgeon.
5. Second Junior Assistant House Physician or Second Junior Assistant House Surgeon.

3. In case, for any reason, a member of the House Staff shall be advanced from an inferior to a superior grade, he shall be considered as an acting officer in the superior grade and the total duration of his service in the Hospital shall not thereby be shortened.

4. No member of the House Staff shall be appointed to a superior grade of office unless he has been recommended for promotion by his Divisional Visiting Staff, his nomination approved by the Executive Committee and confirmed by a vote of the Medical Board.

5. All members of the House Staff, in their relations to one another, to all officials of the Hospital, the nurses, the patients and the public, shall observe those proprieties of conduct and courtesies that shall preserve the dignity of the House Staff and the honorable standing of the Hospital.

6. The House Physicians and House Surgeons shall be responsible to their respective Visiting Physicians and Visiting Surgeons on duty, or their substitutes, for the efficient care and treatment of all patients under their charge, and they shall, subject to the rules of the Hospital, carry out conscientiously and with zeal all directions of their superior medical officers.

7. The House Physicians and House Surgeons shall, subject to the rules of the Hospital, have direct authority, supervision and control over all their assistant house officers, and shall be responsible to their superior medical officers on duty and to the Executive Committee for the efficient enforcement on their services of all rules relating to the government of the House Staff. They shall report to their superior medical officers on duty and to the Executive Committee, unless otherwise specified, any dereliction of duty or violation of the rules on the part of their medical subordinates.

8. The House Physicians and House Surgeons shall be directly responsible to the Committee on Clinical Records for the faithful and efficient carrying out of the requirements of the rules relating to the Clinical Records.

9. The House Physicians and House Surgeons shall report, through the Superintendent of the Hospital, to the Executive Committee any dereliction of duty or violation of the rules on the part of the physicians or surgeons assigned to duty in the Reception Room for patients or on the ambulances.

10. The House Physicians and House Surgeons shall report to the Superintendent of the Hospital, or, in his absence, to the Assistant Superintendent, any neglect of duty affecting the welfare of the patients under their care on the part of the nurses or hospital attendants.

11. The House Physicians and House Surgeons shall visit every patient in their wards at least once each morning and evening, and as many more times as may be necessary to insure the greatest efficiency in their care and treatment.

12. The House Physicians and House Surgeons shall fully acquaint themselves with the medical or surgical condition of

every patient under their care and be prepared to communicate their information to their superior medical officers on duty.

13. The House Physicians and House Surgeons shall not be absent from the Hospital at the regular time of visit of their respective Visiting Physicians and Visiting Surgeons or their substitutes on duty.

14. The House Physicians and House Surgeons, with their staff of assistants, shall accompany their respective Visiting Physicians and Visiting Surgeons, or their substitutes on duty, on their visits through the wards, and shall report the condition of the individual patients, the particulars of treatment and results, and all such information as may be required by said superior medical officers.

15. The House Physicians and House Surgeons shall be responsible for the accuracy of all prescriptions; in their orders for drugs, liquors, etc., they shall clearly specify the date, name of patient, and full directions for use; they shall sign the extra diet list and the prescription book, and on their morning rounds send the same to the Apothecary before 10 A. M. and before 7 P. M. on their evening rounds.

16. The House Physicians and House Surgeons or their assistants shall make their own entries for prescriptions and liquors in the books kept for that purpose, which books shall be open to the inspection of their Visiting Physicians and Visiting Surgeons respectively on duty.

17. The House Physicians and House Surgeons may discharge any responsible patients at their request; they may discharge any irresponsible patients at the request of accredited friends, properly signed forms of release being taken for record. In each of the aforesaid instances the approval of the Superintendent of the Hospital or his assistant by signature to the form of discharge shall first be obtained.

18. The House Physicians and House Surgeons may grant a pass to any patient to leave the Hospital temporarily, upon the approval of the Superintendent of the Hospital. The House

Physicians and House Surgeons shall inform their respective Visiting Physicians or Visiting Surgeons on duty of the granting of the passes at their next visit to the Hospital.

19. The House Physicians and House Surgeons shall, when directed by their respective Visiting Physicians and Visiting Surgeons on duty, discharge any patient from the Hospital. In executing the discharge they shall first fill in all the data called for upon the form of discharge, sign the same and then send it to the Superintendent of the Hospital for his signature. No patient shall be permitted to leave the ward until the duly executed form of his discharge, complete in all its requirements, shall have been accepted by the Superintendent of the Hospital.

20. Whenever a patient is to be transferred to another hospital, the transfer must be approved by the interested Visiting Physician or Visiting Surgeon on duty and countersigned by the Superintendent of the Hospital.

21. Should a patient at any time refuse treatment or become insubordinate, or in any other way an unfit inmate of the Hospital, the House Physician or House Surgeon in charge of the patient shall, in the absence of his Visiting Physician or Visiting Surgeon on duty, if the circumstances of the case demand urgent action, report the facts of the case to the Superintendent of the Hospital, and, upon his approval, the patient shall be discharged from the Hospital, the reason for his action being stated on the form of discharge. All the facts shall be communicated by the House Physician or House Surgeon to his Visiting Physician or Visiting Surgeon on duty at his next visit to the Hospital.

22. The House Physicians and House Surgeons shall not transfer any patient from their wards to the wards of another Division, except in those cases in which there is no special service on their own Division necessary for the treatment of the patient. In all such instances of transfer the approval of the Superintendent of the Hospital, or his assistant, by signature to the form of transfer shall be obtained before the transfer is made. When the transfer is made in the absence of and without the

knowledge of the Visiting Physician or Visiting Surgeon on duty all the facts relating thereto shall be reported to said medical officer at his next visit to the Hospital.

23. In case of the transfer of a patient from the wards of the Hospital to the Alcoholic Wards notice shall be given to the member of the House Staff on duty in those wards, and his consent to the acceptance of the patient obtained by his signature to the form of transfer.

24. The House Physicians or House Surgeons shall, before making the transfer of a patient from their wards to the Psychopathic Wards, have the patient seen and accepted by the Resident Physician in charge of those wards.

25. The House Physicians and House Surgeons shall transfer without unnecessary delay all patients suffering from erysipelas to the wards for erysipelas.

26. In all transfers to the Psychopathic, Alcoholic, Erysipelas and Tuberculosis Wards, in each instance, the House Physicians or House Surgeons shall execute the form of transfer and obtain the signature of the Superintendent of the Hospital or his assistant at the time of transfer. If the transfer has been made during the absence and without the knowledge of the Visiting Physician or Visiting Surgeon on duty, all the facts relating to the transfer shall be communicated to said medical officer at his next visit to the Hospital.

27. The House Physicians and House Surgeons shall have charge of and be held responsible for all instruments and surgical apparatus belonging to the Hospital in their wards. They shall, upon the beginning of their service as House Physician or House Surgeon, give to the Superintendent of the Hospital an exact inventory of all such instruments and apparatus. At the end of their service they shall deliver all said instruments and apparatus called for by the inventory, with a copy of the inventory, to their successors, who shall countersign the same as an acknowledgment of the transfer.

28. The House Physicians and House Surgeons shall not leave the Hospital without notifying the Superintendent of the Hospital, and also notifying their First Senior Assistants to remain on duty during their absence.

29. In no case shall more than two House Physicians or House Surgeons be absent from the Hospital at the same time. In no case shall the House Physician or House Surgeon and his First Senior Assistant be absent from the Hospital at the same time. The House Physicians and House Surgeons must return to the Hospital at a seasonable hour in the evening, and shall not sleep out of the Hospital except by approval of their Visiting Physicians or Visiting Surgeons on duty, and with the special permission of the Superintendent of the Hospital.

30. The House Physicians and House Surgeons shall immediately notify the Superintendent in any case of emergency requiring the presence at the Hospital of their Visiting Physician or Visiting Surgeon on duty, and shall, in concert with the Superintendent, seek to secure his attendance. If the attendance of their Visiting Physician or Visiting Surgeon on duty, or his substitute, cannot be secured, then call shall be made upon any Visiting Physician or Visiting Surgeon of the same Divisional Visiting Staff. If no member of his own Divisional Visiting Staff be available, call shall be made for any Physician or Surgeon of the Visiting Staff, according to the nature of the case. If the urgency of the case does not allow delay, and the attendance of a Visiting Physician or Visiting Surgeon be not secured, then the House Physician or House Surgeon shall call a consultation of the House Physicians and House Surgeons and govern his action by said consultation.

31. No member of the House Staff shall perform a surgical operation without the permission of his Visiting Physician or Visiting Surgeon on duty, except in case of extreme emergency.

32. The House Physicians and House Surgeons shall in every instance of an important surgical operation send due notice to

the interested Assistant Visiting Physician or Assistant Visiting Surgeon, that he may be present at the operation.

33. The House Physicians and House Surgeons, upon notification of the admission of a patient to their wards, shall promptly examine the patient; if unable to visit the patient immediately they shall send their next assistant in rank available, who shall make the examination and report for instructions.

34. The House Physicians and House Surgeons shall immediately, through the Superintendent of the Hospital, notify the Board of Health of all cases of suspected contagious diseases occurring in their wards. Proper precautions shall be taken by the House Physician or House Surgeon in charge of the patient for the isolation of the case until it is visited by an Inspector of the Health Department.

35. The House Physicians and House Surgeons shall, when a patient's condition becomes so serious as to endanger his life, immediately notify the Superintendent of the Hospital, in order that the patient's relatives or friends may be informed.

36. The House Physicians and House Surgeons shall be responsible to the Committee of Clinical Records for the thorough taking and careful recording of the medical histories and clinical records of the patients on their service.

37. No House Physician or House Surgeon shall receive a diploma from the Hospital unless the granting of the diploma shall have been recommended by his Divisional Visiting Staff, approved by the Executive Committee and confirmed by a vote of the Medical Board.

38. No diploma shall be granted to any member of the House Staff who has resigned before the termination of his period of service.

39. The House Physicians and House Surgeons shall not assign any assistant member of the House Staff to give a general anaesthetic who has not been duly instructed in the use of general anaesthetics.

SENIOR ASSISTANT HOUSE PHYSICIANS AND
SENIOR ASSISTANT HOUSE SURGEONS.

40. The First Senior Assistant House Physicians and First Senior Assistant House Surgeons shall attend their House Physicians and House Surgeons, respectively, on their regular morning rounds. They shall act for their superior house officers during their temporary absence from the Hospital.

41. The First and Second Senior Assistant House Physicians and First and Second Senior Assistant House Surgeons shall, subject to the rules of the Hospital, faithfully and efficiently perform all the duties to which they shall be assigned by their respective House Physicians and House Surgeons, and they shall be directly responsible to their respective House Physicians and House Surgeons for the satisfactory performance of such duties.

42. The First Assistant House Surgeon of each Division, in rotation in the numerical order of the Divisions, shall have charge of the Erysipelas Wards for a period each of one and a half months. While on Erysipelas duty he shall not visit the surgical wards, be present at confinement cases or at surgical operations.

43. The First Senior Assistant House Physician of each Division, in rotation in the numerical order of the Division, shall have charge of the Maternity Wards for a period each of one and a half months.

44. The First Senior Assistant House Physician assigned to duty in the Maternity Wards shall not attend autopsies, visit the Erysipelas Wards or be present at septic operations.

45. In all cases requiring a consultation, the First Senior Assistant House Physician in charge of the Maternity Wards shall act under Rule 30, governing House Physicians and House Surgeons.

46. The First Senior Assistant House Physician of each Division, in rotation in the numerical order of the Divisions, shall have charge of the Alcoholic Wards for a period each of one and a half months.

47. The First Senior Assistant House Physician of each Division, in rotation in the numerical order of the Divisions, shall have charge of the Tuberculosis Wards for a period each of one and a half months.

JUNIOR ASSISTANT HOUSE PHYSICIANS AND JUNIOR ASSISTANT HOUSE SURGEONS.

48. The First and Second Junior Assistant House Physicians and the First and Second Junior Assistant House Surgeons shall, subject to the rules, faithfully carry out all instructions given them by their respective House Physicians and House Surgeons, and shall be directly responsible to said officers for the faithful and satisfactory performance of said duties and instructions.

LEAVES OF ABSENCE FROM DUTY.

49. A member of the House Staff, after six months' service in the Hospital, shall be entitled to receive two weeks' regular leave of absence in each six months of his service. If he fail to take his two weeks' leave allowed during any six months his vacation for those six months shall be forfeited.

50. To obtain a leave of absence the application must be recommended by the applicant's Visiting Physician or Visiting Surgeon on duty, approved by a member of the Executive Committee and countersigned by the Superintendent of the Hospital. No applicant for leave of absence shall be free to quit his post of duty until notice of the granting of his application by the Board of Trustees shall have been received by the Superintendent.

51. To obtain an extension of leave of absence beyond the granted two weeks a special application must be made to the Executive Committee, stating fully the reasons for making the request.

52. Any member of the House Staff making application for a leave of absence, whose place is to be filled by a substitute not

regularly appointed on the House Staff, shall name in his application the person to act as his substitute, and state his qualifications. It shall be the duty of the applicant for leave of absence to introduce in person his substitute to the Superintendent of the Hospital before leaving his post, and no person shall act as a substitute until he has been personally introduced to the Superintendent.

GENERAL RULES.

53. All members of the House Staff must register in a book kept for that purpose their time of leaving and returning to the Hospital. They shall also adjust the slips in the Staff Board for that purpose, to record their presence in or absence from the Hospital.

54. Members of the House Staff shall in no instance invite other members of the Visiting Staff to visit their patients unless so requested by their respective Visiting Physicians or Visiting Surgeons on duty, except in cases of special emergency, provided for in Paragraph 30 of the rules governing the House Staff.

55. Members of the House Staff shall not make gynecological examinations of patients, except in the presence of a female nurse.

56. No hypodermic injection shall be administered by any nurse, except by written order or under the direct supervision of the House Physician or House Surgeon, or his authorized assistant, in charge of the patient.

57. Members of the House Staff, other than the physician on duty, shall not visit the Maternity Wards of the Hospital.

58. Members of the House Staff shall not engage in other business than that of the Hospital. They shall not practice out of the Hospital.

59. Members of the House Staff shall not demand or receive any fee for any service rendered in connection with their duties.

60. Members of the House Staff shall not receive any remuneration for signing insurance papers.

61. Members of the House Staff shall not become the custodians of money or valuables belonging to a patient in the Hospital.

62. Members of the House Staff shall not be privileged to publish cases in the medical journals, except with the written consent of the interested Visiting Physician or Visiting Surgeon.

63. Members of the House Staff shall not give to reporters or interviewers any information whatever, or make to them any statements concerning the patients in the Hospital, but shall refer all inquirers for such information to the Superintendent of the Hospital.

64. Members of the House Staff shall not give private medical instruction to students or practitioners.

65. Members of the House Staff shall not have their friends remain during the night or take meals in the Hospital without the consent of the Superintendent of the Hospital.

66. All members of the House Staff and their substitutes, before entering upon their duties in the Hospital, shall have their names and assignments recorded in the office of the Superintendent of the Hospital.

67. Each member of the House Staff, upon appointment, and each substitute, shall, before entering upon his duties, receive from the Superintendent of the Hospital a copy of the book of rules governing the Medical Staff of the Hospital, for which he shall sign a receipt. It shall be the duty of each member of the House Staff promptly to familiarize himself thoroughly with the aforesaid rules. The book of rules shall be the property of the Hospital and must be returned to the Superintendent of the Hospital when the possessor leaves the service.

68. Each member of the House Staff, upon his appointment and before entering upon his duties, shall sign an agreement, to be preserved in the office of the Superintendent of the Hospital, that he will obey the rules and remain in the service of the Hospital for the whole period of his appointment, unless his period of service shall be terminated at an earlier date by the Board of Trustees.

69. Any rule relating to the subordinate medical staff of the Hospital, passed by the Executive Committee and posted upon the bulletin board of the Hospital, shall have the same authoritative force as if incorporated in the book of rules.

70. Ignorance of the rules will not be received as an excuse in any case of their violation.

AMBULANCE SURGEONS.

1. The ambulance service of the Hospital shall be performed by Junior Assistant House Physicians or Junior Assistant House Surgeons who have served six months in the Hospital, one being assigned to that duty by each Divisional Visiting Staff.

2. The Ambulance Surgeons shall be subject to the rules governing the House Staff, so far as they are applicable to them, and to the special rules governing Ambulance Surgeons. They shall be responsible to the Executive Committee and to the Superintendent of the Hospital for the faithful performance of their duties.

3. The Ambulance Surgeons, in their relations with patients and the public, are specially enjoined to observe the requirements of Paragraph 5 of the rules governing the House Staff:

“All members of the House Staff, in their relations to one another, to all officials of the Hospital, the nurses, the patients and the public, shall observe those proprieties of conduct and courtesies that shall preserve the dignity of the House Staff and the honorable standing of the Hospital.”

4. Ambulance Surgeons on duty shall not be absent from the Hospital without the permission of the Superintendent of the Hospital. Not more than one of the Ambulance Surgeons shall be absent from the Hospital, except when on call of duty. Ambulance Surgeons on temporary absence from the Hospital shall, before leaving, notify the Superintendent of the Hospital. They shall also name to the Superintendent of the Hospital properly qualified substitutes to act in their absence.

5. Ambulance Surgeons shall be very prompt in answering calls, and shall return to the Hospital with as little delay as the comfort of the ambulance patient will allow.

6. Ambulance Surgeons shall see that everything necessary for the alleviation of suffering and the prompt emergency treatment of the sick and injured, such as medicines, surgical appliances, etc., are supplied to their ambulances, and that their medicine chests and surgeon's bags are kept in proper order.

7. Ambulance Surgeons shall not undertake the performance of formal surgical operations, more appropriately to be performed at the point to which the patient is to be transferred. They shall restrict their surgical treatment of patients to be transferred by ambulance to those emergency surgical measures that shall secure their patient's safety and comfort while in transit.

8. Ambulance Surgeons shall, upon request, suspend their treatment so as to allow the last rites and comfort of religion to be given to their patients.

9. Ambulance Surgeons shall bring to the Hospital all patients suffering from partial or complete loss of consciousness, including those patients with partial or complete loss of consciousness due to alcoholism.

10. Ambulance Surgeons shall bring to the Hospital all patients with injuries involving the cavities of the body.

11. Ambulance Surgeons, when in doubt as to the nature of a patient's sickness or injury, or as to the proper disposition of a patient shall bring the patient to the Hospital.

12. Ambulance Surgeons, when called to duty at a fire, shall make all possible haste to reach their destination. If, upon arrival, they find that more ambulance aid is needed, they shall immediately ask the officer in charge to send for additional surgeons.

13. Ambulance Surgeons, when called to a police station, shall take the patient as represented by the officer or keeper in charge.

14. Ambulance Surgeons called to patients suffering from contagious diseases shall notify the Board of Health. Any such

patients brought to Bellevue Hospital shall be taken to the isolation wards.

15. Ambulance Surgeons shall bring maternity patients to the Maternity Wards.

16. Ambulance Surgeons shall comply with the requests of patients who desire to be taken home or to another hospital, when those places of destination are within reasonable distance, but when the distance is great the Ambulance Surgeons shall telephone to the Superintendent of the Hospital for instructions.

17. Ambulance Surgeons shall take particular care to obtain all information relative to their patients, and write the same, with other required data, upon their Ambulance Slips.

18. Ambulance Surgeons, upon their arrival at the Hospital with their patients, shall make the entries of diagnosis and other data required in the Ambulance Record Book provided for that purpose. They shall also notify the House Physician or House Surgeon of the Division to which their patients are assigned of the admission of the patients, stating their condition.

19. Ambulance Surgeons, upon their arrival at the Hospital, shall give at once to the Property Clerk any property they may have received belonging to their patients.

20. Ambulance Surgeons shall notify the Health Department, through the nearest police station, of any patients to whom they may have been called suffering with contagious diseases.

21. Any dispute arising between the Ambulance Surgeons and members of the House Staff in reference to the admission of ambulance patients to the Hospital shall be referred to the Superintendent of the Hospital for decision.

22. Ambulance Surgeons, in rotation during their six months of service, shall regularly respond to calls on alternate weeks, as follows: a designated Ambulance Surgeon shall respond to first and second calls alternately on successive days for one week; he shall then respond to third and fourth calls alternately on successive days for one week. The Ambulance Surgeons shall duly

notify the Superintendent of the Hospital and the Telephone Clerk of their schedule of regular assignments to calls.

23. In emergencies, when more than the regular number of Ambulance Surgeons are needed for duty, the House Physicians or House Surgeons shall, upon the call of the Superintendent of the Hospital or his assistant, assign temporarily to ambulance duty the required number of surgeons from their assistants who have seen at least six months' service in the Hospital. All members of the Assistant House Staff thus temporarily assigned to duty as Ambulance Surgeons shall be subject to the rules governing Ambulance Surgeons.

24. The Ambulance Surgeons shall report to the Superintendent of the Hospital any misconduct or dereliction of duty on the part of the ambulance drivers.

25. Ambulance Surgeons, when on duty, shall wear the uniform cap provided by the Department.

26. Ambulance Surgeons shall not permit any persons besides their patients, spiritual advisers of their patients, the drivers of the ambulances and the policemen in charge of patients to ride on their ambulances.

27. Smoking shall not be allowed on the ambulances.

28. Ambulance Surgeons shall comport themselves with dignity while serving on the ambulances.

THE RECEPTION OFFICE FOR PATIENTS AND THE ACCIDENT ROOM.

1. Patients who apply for admission to Bellevue Hospital shall be received for examination and admission in the Reception Office. Patients applying at the Hospital for temporary emergency treatment shall be received at the Accident Room.

2. All patients applying at the Reception Office for admission to Bellevue Hospital suffering from suspected contagious diseases shall be sent to the isolation wards and reported to the Board of Health, in accordance with Rule 34, governing the House Staff.

3. All patients coming to the Accident Room for the dressing of wounds, who are not appropriate cases for admission to the Hospital, shall be sent for further dressings to the Out-Patient Department of the Hospital. Each Assistant House Officer on duty at the Accident Room shall send such patients to his own Division at the Out-Patient Department. If, however, any case is of special interest to the medical officer in charge the further dressings may be continued at the Accident Room.

4. The House Physicians and House Surgeons, alternately, on alternate weeks, shall assign members of their Assistant House Staff who have served at least six months in the Hospital, and who can most conveniently be spared from ward duty, to duty in the Reception Office for admission of patients and to the Accident Room. The members of the Assistant House Staff thus assigned shall each serve for one week according to the requirements of the following schedule:

	SUNDAY.	MONDAY.	TUESDAY.	WEDNESDAY.	THURSDAY.	FRIDAY.	SATURDAY.
12 midnight to 6 A. M. }	First Division.	Second Division.	Third Division.	Fourth Division.	First Division.	Second Division.	Third Division.
6 A. M. to 12 noon..... }	Second Division.	Third Division.	Fourth Division.	First Division.	Second Division.	Third Division.	Fourth Division.
12 noon to 6 P. M..... }	Third Division.	Fourth Division.	First Division.	Second Division.	Third Division.	Fourth Division.	First Division.
6 P. M. to 12 midnight. }	Fourth Division.	First Division.	Second Division.	Third Division.	Fourth Division.	First Division.	Second Division.

5. During their hours of service they shall examine all patients who apply for admission to the Hospital. They shall also, at the same time, have charge of the Accident Room and all patients who apply there for treatment.

6. The names of the members of the Assistant House Staff assigned to duty in the Reception Office and Accident Room according to the schedule shall be furnished to the clerk in charge of the Reception Office and to the telephone operator by the House

Officers making the assignments each week twenty-four hours before the assignments shall take effect.

7. The members of the Assistant House Staff on duty at the Reception Office shall, in admitting patients to the Hospital, assign them in rotation to the Divisions of the Hospital in the numerical order of the Divisions. They shall fill in all the required data upon the admission cards. In admitting a patient to the Hospital they shall immediately notify the House Physician or House Surgeon in charge of the service to which the patient is admitted.

8. The members of the Assistant House Staff on duty in the Reception Office shall not be excused from duty during their hours of actual service, except for sickness or in great emergency. When thus excused from duty their places shall be filled by qualified substitutes from their Division.

9. The members of the Assistant House Staff on duty in the Reception Office shall, during their hours of actual duty, be excused from all duties in the wards of the Hospital.

10. The members of the Assistant House Staff on duty at the Reception Office for patients and the Accident Room shall report to the Executive Committee and to the Superintendent of the Hospital any failure in the performance of their duties on the part of the nurses and attendants.

11. The House Physicians and House Surgeons shall report to the Executive Committee and to the Superintendent of the Hospital any dereliction of duty or violation of the rules on the part of the members of the House Staff assigned to duty at the Reception Office for patients and the Accident Room.



