

## DR. CHRIS ANDREWS

Dr. Chris Andrews interviewed at the Marguerite Bay Reunion at Windermere by Chris Eldon Lee on the 28/10/12. BAS archives AD6/24/1/199. Transcribed by Allan Wearden on 18<sup>th</sup> June 2015.

[0:00:00] Lee: This is Doctor Chris Andrews interviewed by Chris Eldon Lee on the 28<sup>th</sup> of October 2012.

Andrews: Christopher John Horner, I'm C J H Andrews so I gave you the full works!

[0:00:16] Lee: So where does Horner come from?

Andrews: That was one of my grandfather's names, and he was quite an eminent vet actually and he became head of the government laboratories at Weybridge and that was, he was Horner Andrews so we kept it!

[0:00:42] Lee: Does human medicine run in the family as well?

Andrews: Yes, I'm afraid both my parents were medics and well both, well one grandfather was a vet and another a GP so it does.

[0:00:58] Lee: So that takes care of one side of the reason for going to the Antarctic, but can you remember when you first became aware there was such a place?

Andrews: I can't, not when I first became aware of it. I think like us all I was aware of Scott and I suppose again at that time when I would have been in the '50's, I read avidly and it was only 40 years ago sort of thing! Whereas now it's a 100 years ago and we all, and anything that is only 40 years ago it's a bit more present, and I suppose that is when I became aware of the Antarctic I remember reading about Scott. But the reason I went is rather more different I think, I found training as a doctor quite difficult, I didn't take well to being a student. I think, I think it's a very long time it's 6 years or of that order when you don't really have any responsibility, you're always doing what you are told to do, you are usually being shouted at because you haven't done it very well! And by the time I'd finished and passed my exams I wanted to do something differently and I was, actually I was going to join as a ship's doctor and then I saw this BAS advertisement and I thought 'That sounds wonderful' and applied for that!

[0:02:44] Lee: BAS seems to have very young doctors doesn't it? Nearly always straight from university?

Andrews: Yes it did then, now I think it's a little different, which perhaps we'll get on to with BASMU [British Antarctic Survey Medical Unit]. But at that time you could, as soon as you qualified could go and become a general practitioner, you didn't need as additional training and so to go and become a GP with BAS with no addition training didn't seem so silly

[0:03:16] Lee: This was 1973, do you remember, bearing in mind it's 40 years ago, do you remember much about the interview?

Andrews: I do remember going to Victoria in London it would have been, can't remember the name of the street but I seem to remember Derek Gipps (would that be correct?) and I think it was probably Bill Sloman, but I wouldn't swear to that. And at that time they didn't have any doctors at all and I suppose they wanted about four. It was kind of, it was quite late summer in 1972 so they must have been a bit desperate for doctors and so when I came in, although it was an interview I don't think, I was surprised they said 'Fine you can go', but I don't think they were expecting that I wouldn't be suitable if you see what I mean! And then I took, I persuaded one of my friends to go too, to Halley and I had recently just around the same time met a girl who I married about, well only 10 days before we set off in November 1972 and I felt I couldn't back out because I'd got my friend to go to Halley! So that wasn't really fair and then I'm not that sort of chap who, if I'm committed I'm committed, but it wasn't easy!

[0:04:58] Lee: Who was the friend?

Andrews: John Dawson.

[0:05:01] Lee: OK when you said not suitable, was that what did he mean by that?

Andrews: So I don't quite understand, when I said not suitable?

[0:05:14] Lee: You don't think, you said something along the lines you didn't think you were unsuitable?

Andrews: Oh right! The fact I was as only just, I was only just qualified I don't know it was the first interview I'd had for a job, apart from my House's jobs when you are interviewed it was much more medical. This was much more of a character interview but I don't remember the questions and I don't know, I went in to it fairly light hearted perhaps. I just wanted a different sort of job and this seemed ideal to me and so I applied and I went to see them, and I had no idea whether or not they had other doctors and so on! But retrospectively I realised they didn't!

[0:06:18] Lee: Did you have a medical?

Andrews: No, there was at that time, there was at that time a question to have your appendix out? But I had had mine out already as a young man, as a boy really.

[0:06:33] Lee: Did you also have to have a dental examination as well?

Andrews: I don't recall that, I recall the dental training we had 3 days dental training as preparation. Our preparation was fairly limited before we went we were trained in, supposedly trained in research at the institute in Holly Hill, Otto Headhome who is I think is, he was an eminent physiologist they'd set MRC unit around him in Hampstead in London and we were all sent there. But when we got there I don't recall they knew what to do with us. And that's where I met Wilkins, Denis Wilkins, for the first time, he was coming home

and he told me about his sledging project and trying to prove that people were cold, when actually they were hot the whole time when they were out sledging! And we had 3 days' dental training but I don't remember anything else to be honest.

[0:07:47] Lee: So as the first batch of doctors going south, so first of all were you involved at all in the selection of the medical bag, the medicine chest?

Andrews: No we just pitched up and I learnt, now that is true there was a visit to a something I think like a ships' chandlers, they provided equipment to ships I think and to BAS, somewhere in East London somewhere around the docks? But I can't remember the name of the firm, but we went there and had something to do with just looking at the equipment, I think it was just a day's visit. Just to look in the medicine chest sort of thing, but that's all I remember!

[0:08:43] Lee: So were you not in a position to order medical supplies?

Andrews: No, no I think that was all done, I don't know who did it but it wasn't our responsibility.

[0:08:55] Lee: So you were really pitched in the deep end, you were sent to Adelaide Island miles from anywhere

, with medical equipment you hadn't chosen and any backup, was there any course to second opinion anywhere?

Andrews: There was, I had a couple of problems along the way in which I had to seek backup, medical problems! Not of me personally but of people that became patients and one in particular was a bad fracture, and we had to get orthopaedic opinions from back home. And they did come, but took a little time and I think the chap who was giving them, if I recall a consultant orthopaedic surgeon from somewhere like St. Albans. And I've no idea how he had been selected, he obviously had a busy job and it was sort of back up but he couldn't do anything! And I couldn't do anything because it was on another base, so really I felt it was down to me to sort it out. I imagine that BAS had a set of opinions around the country, but we didn't know who they were until we needed them and that's my recollection.

[0:10:20] Lee: So how did the guy get from St Albans to Adelaide Island?

Andrews: Oh, he didn't, by radio the guidance I seem to remember, you'd do better to ask a radio op how it happened. I seem to remember that we had skeds with Stanley, so it must have been easier for them to contact Stanley and I don't remember that it was actually verbal or whether it was written, I think it was it must have been both. But it took a while, it probably took if I asked a question I mean I wouldn't like to say how long, but it must have been the best part of 24 hours before I got a definitive answer as to what to do. But we probably did have verbal skeds, oral skeds, I can't remember clearly.

[0:11:24] Lee: But you don't recall speaking directly to the guy in St Albans it would be through an intermediary would it?

Andrews: I don't, but I wouldn't swear but I didn't.

[0:11:34] Lee: OK right, but you weren't totally alone then?

Andrews: No, no we weren't.

[0:11:41] Lee: You didn't feel vulnerable?

Andrews: You did feel vulnerable, but I think as a newly trained doctor I think we'd been given far more responsibility than they are now. For example we had, when you did your surgical house job, I think this was true for most people, you had your own list, operating list of whatever lumps and bumps they call it and you'd pitch up and they'd be all these patients coming with whatever, you know, fairly minor lumps and things and you are meant to, you know you had to put in local anaesthetic and cut them out and send them off! But they wouldn't do that now because obviously the patients wouldn't feel it was fair and they wouldn't want a brand new houseman, and so as a consequence we were better trained or mentally trained to tackle things that we didn't necessarily know a lot about!

[0:12:56] Lee: How was the leg in the end?

Andrews: The chap, the chap did pretty well I think, I think the base did remarkably well in nursing him! 'Cause he was in traction for some months and it wasn't just a fracture because he had other internal problems, and I believe that when he did finally get home and everything was sorted out one leg was a bit longer than the other, and they were debating whether they'd have to re-fracture things! But I've no idea what happened after that?

[0:13:32] Lee: But you never saw the patient? [Andrews: No!] So the information was coming from St Albans to Stanley to?

Andrews: Yes, all from Adelaide to the neighbouring base!

[0:13:44] Lee: OK, are there other examples of other memorable medical matters that you had to deal with whilst you were down there?

Andrews: No, not at that time I was fortunate to go back in 2000 under a different hat. And I at that time I did have quite an interesting case to deal with on the *Shackleton* when we were stuck so they couldn't actually send the boat anywhere and we had to transfuse a patient. Which meant taking a lot of blood from all the other people on the boat, and that was very interesting to see how everybody coped with it. The patient and the other Fids giving blood and the system where we grouped everybody so we knew who would be a suitable donors and so on and that was interesting and I think he did well, the patient! There were, there was one psychological case but I think probably I shouldn't talk a lot about that! But that was interesting, because I had no experience of... I think that was a chap on another base who was scheduled to go out travelling and clearly didn't want to! But you know we were all part of teams and so on, and that created a lot of problems and I hope he overcame things himself and so on, but I wouldn't like to talk! But that was an ongoing problem for some time for me.

[0:15:47] Lee: Without details were you actually in radio contact with your patient?

Andrews: Yes, I talked counselling over the radio.

Lee: By voice?

Andrews: By voice yes!

[0:15:58] Lee: Were you able to maintain confidentiality? Because those radio waves were open to others?

Andrews: I don't know is the answer to that, if anybody else listened in.

[0:16:10] Lee: Did it worry you?

Andrews: Not particularly because I think... I think you know in a way needs must and I think in the Antarctic you all recognize you know all the normal rules of privacy can't apply actually! And that didn't bother me I... I didn't worry my greatest worry down there, is the doctor was...I didn't really fall out with anyone and you just wondered sometimes they were all being nice to you, because you a doctor!!

Lee: Just in case!

Andrews: That in a way, exactly! That in a way I found the most difficult thing to know if my relationships with others on the base were real relationships or whether they were tempered by the doctor patient feelings.

[0:17:13] Lee: So did you feel slightly an outsider on Adelaide because of that, because 'not one of the lads'!?

Andrews: I think that there were not a lot of us, there was 8 of us, I think there was a bit of a division and it wasn't clear why there was a division, except that this is I don't know. It's all going public I know but I did feel a little bit that some members who hadn't perhaps had the same opportunities or whatever, hadn't had higher education were one group whereas those that tended to be people like the met men who wanted to go there and had been off to university and done this that and the other tended to be another group who I was perhaps more inclined to be with that group than the other group and it wasn't a division that mattered.

[REDACTED]

[0:20:34] Lee: You're carefully not mentioning his name, which is fine! You had your own research to do, which I guess you had to get the lads to cooperate with?

Andrews: They were very good! And I'm delighted to see Gordon... Gordon Ramage here who helped me a lot with my laboratory, my research was on Adelie penguins I was looking at their liver function essentially and which meant catching them, I suspect none of us including BAS didn't tell me, we may well have been outside the Antarctic Treaty at the time. But somehow a lot of what we were doing was, such as dumping our gash in the 'Oggin' sort of thing which we wouldn't do anymore, so I had to catch probably about 20 penguins in total, oh and this could only happen when they were returning from breeding sort of thing of course and I wouldn't, I can't quite remember what time of the year, I'd have to refer to my notes. But I would catch these birds and I would anaesthetise them, and I would do various things to their livers collecting bile and a lot of them I injected their livers with a sort of rubber solution, which set and then you put them in acid so that you can see the structures of their livers and it was quite successful and I did get a Ph.D. out of it! So for me personally the Antarctic was a huge bonus!

[0:22:28] Lee: Was there an application for this science you were doing?

Andrews: No, I didn't at that time, it wasn't particularly expensive I got help from various people in London, my father, I was very lucky my father was in a position through his friends to get me various things like bile salts, there are about 20 different bile salts we all have and I could see which did what in the penguins and so on. And it didn't probably cost a lot of money, BAS kept me on after I got home and I had a base at the Royal Free Hospital as well as the Physiology Department there to carry on working and BAS seemed happy, a few papers came out and I ended up with my higher degree so!

[0:23:29] Lee: So was there an application for this for medical science or was it a purely an investigative project?

Andrews: No, it was just an investigative project what was I trying to find out. I know it's the sort of question that you should ask!

Lee: Sorry!

Andrews: What I was trying to find out was, 'Is the anatomy of the penguin liver different from any other known species? And was the production of bile and their reaction to certain normal stimuli was such as, if you give we all have certain astile codeines stimulants, muscle and has certain effects, as does atropine and very common drugs, to your heart rate?' And so I was just testing penguins to see what happened to them, because nobody had done it before!

And even simple, as one paper was, on how to anaesthetise a penguin, because nobody had written about it before!

[Later clarification of above paragraph by Andrews:

What I was trying to find out was firstly, 'Is the anatomy of the penguin liver different from other known species? And do they produce bile', and secondly, 'What would be their physiological reaction to certain stimuli such as atropine and acetyl choline, a neurotransmitter between nerves and muscle, which in man affect heart rate?' So I was just testing penguins to see what happened to them, because nobody had done it before!]

[0:24:51] Lee: So you came back and you wrote up your notes and then there's a bit of a gap in your history before BAS loomed again isn't there?

Andrews: Yes..!

[0:25:01] Lee: Did you become a proper doctor!?

Andrews: When I came back and I finished this project I went and sought advice, from in that time in my life I was planning to be a pre-clinical academic doctor, in other words all doctors' medical education consists of people trained in pharmacology, physiology and biochemistry before they go on the wards! But all the doctors doing those jobs, who I went to consult and it was about 3 of them, said 'We don't advise you to do this, this is a dying art'! As it turned out to be, go into clinical medicine and tackle it from there if you want to do research. And so I became an anaesthetist and the training in anaesthetics is much the same as many other specialities, took me about 5 years, 6 years, to become a consultant anaesthetist and I specialised in neuranaesthesia. So we and vascular anaesthesia that was my sort of my specialities, and I did that quite happily from I suppose '84 for 15 years maybe a bit less, 13 years before I became interested in management in the hospital. And I started off running the anaesthetics department I suppose, which was very much 'Buggins turn' next! But I was pushed to go rather sooner, you know than others so I wasn't really 'Buggins' I was a young upstart! But I enjoyed it and I seemed to not do it badly and I then advanced I suppose to become the Medical Director of the hospital which...

[0:27:11] Lee: Which one are we talking about?

Andrews: Derriford Hospital in Plymouth.

[0:27:14] Lee: So you were already at Derriford when the whole thing happened?

Andrews: Yes I was at Derriford and had been there for I suppose 13 or 14 years, when at...the time the BAS medical contract came up, I was kind of head boy if you like medically in the hospital on the trust board and all those sort of, all the important committees and everything! So when we got to hear, and how we got to hear Denis Wilkins claims he tipped us off. Which may be true, but I actually feel the driver for me was Peter Marquis, who was obviously an ex-BAS manager very nice chap and he had become the boyfriend of a junior anaesthetist in our department, who I knew well and I met Peter at one or two summer

parties, who had at that time had a terrible job teaching geography at a Plymouth school where I think they were one of those infamous schools where nobody got a GCSE at all! So a real sink school and he would do anything to get out of this terrible job I think. He, so we were talking and we decided that we would go for this bid and I think he had heard of it and perhaps Wilkins had heard of it, and I was fortunately in a position to make sure it wasn't just an idea that we would actually go for it and we could convince BAS that we had the hospital behind us.

[0:29:11] Lee: It was competitive wasn't it, [Andrews: It was!] because Aberdeen were already doing it, were also quite keen to keep it?

Andrews: Yes they were, there were one or two others who were quite keen!

[0:29:19] Lee: But it came down to the two of you in the end?

Andrews: Yes.

[0:29:23] Lee: What were you're tactics to get the bid?

Andrews: I think what I felt having looked at the situation there in, what we could do was to deliver the whole hospital we could show that it wasn't just one or two people that the hospital itself and the management of the hospital and most importantly, the Chief Executive the Trust Board everybody was saying 'Well if you give us this bid we will take it very seriously, and you know the whole hospital is behind it and it's not just one chap saying we can do it!' I think if anything those were our tactics to try and convince them, we were a bit slippery we weren't foolproof because what we didn't decide till right at the end was how we would actually deliver it through the A&E Department! We hadn't got anybody you see, I couldn't do it because I was too busy, too involved, Wilkins, we knew Wilkins was, you know Wilkins is a wonderful chap but his talents are not actually doing the work, shall we say without being rude! His talents are to get everyone else to do the work and we had to get somebody, and we came up in the end the A&E Department one of the consultants there, would actually deliver and if you wanted opinions from skin doctors or from anybody he would actually approach them. And every..., it worked well because everybody of course, because if you were doing a fairly mundane job because if somebody came along and said look we have this problem with this chap, with this rash in you know Halley Bay we just don't know what it is? And here's a picture of it, then so of course people were thrilled to be able to help!

[0:31:34] Lee: Right, there was a distinct enthusiasm for it?

Andrews: Oh absolutely!

[0:31:38] Lee: For remote medicine?

Andrews: Absolutely and I think there still is, I felt it works very well because BAS were pretty generous with the money. So that it's very hard to cost these contracts we could do so in terms of medical time, we could say well this chap's got to have 2 sessions a week for



example, we have you know 10 sessions of his time so you have to pay a fifth of his salary That might be 10,000 something like that, we could do that but it was very difficult to cost things such as like that dermatologist's he might not be asked to do anything but on the other hand, what his time wasn't really particularly inconvenienced by his expertise was actually worth quite a lot of money! So BAS was happy to come up, we came up with a package which provided enough money for us to make, theoretically, a bit of profit every year, oh an appreciable profit every year! Which we put into developing our library, which we thought would benefit the whole hospital.

[0:33:00] Lee: So you don't remember any haggling or horse trading, it was all done with a 'gentleman's agreement' was it?

Andrews: I don't think that money initially, money wasn't a huge problem though, I think we felt what they were offering would be enough and we were keen to do it!

[0:33:24] Lee: It sounds like money raised its ugly head later on, did it?

Andrews: It did a bit I think BAS obviously came under terrific pressure. As we did the contract we realised that you know the one chap in A&E was fine, his sessional time, but actually he couldn't be there all the time, so we needed perhaps sessional time for somebody else. And so that became, you know we had to sort of spend more on delivering the goods, so at the same time BAS was trying to cut back on what they were spending everywhere. We overcame that a little bit, when we took on the drug, we took on the drug contract as well the medical boxes essentially and equipment when we realised, I forget the details I'm sorry I should have brought all that.

[0:34:26] Lee: That's alright.

Andrews: But when they were paying this other firm to provide all their medical boxes, they were paying you know  $x$  thousand pounds for that, whereas we suddenly realised we could deliver it for half the price! Which we did and still make a profit because of the hospital drugs that you know we were spending at that time, a couple of million pounds on drugs in the hospital and so the benefit that BAS got from that was enormous and that stills goes on, as far as I'm aware.

[0:35:06] Lee: One of the most regular cries I hear in these interviews, is a doctor or a patient needing medical attention in the Antarctic, they open a medical box and its all out of date?

[Andrews: Right!] I mean Novocaine that doesn't anaesthetise anymore, so how do you manage that, because basically you were revolutionising drugs supplies to the Antarctic?

Andrews: I think we managed it much better, by rotating things one of the things we did, well we did a number of things. We put in monitors in the medical boxes to work out, to sort of get the temperature changes as they were delivered there, to find out what happened and recorded the temperatures changes we also had a very good analytical laboratory in the hospital. Where they could, I won't say for all drugs but for most drugs they could analyse the efficacy of the substance in it to see whether it was still a 100% whatever or only 50% of

whatever and they were very good! And I think they, they got one or two published papers have come through that as well.

[0:36:23] Lee: Did you take over the training of doctors as well?

Andrews: We did.

[0:36:27] Lee: How was that, because you would remember the days in '73 when you didn't get any!?

Andrews: We found, when we took over initially we took over where they came for 6 months training and stayed on when they got back, perhaps for another 18 months to complete their higher degrees. The higher degree bit was dropped along the way, because BAS was saving money and in a way our doctors weren't coming up with satisfactory enough projects to warrant that extra 18 months, so we still have as far as I'm aware and I have been retired 5 years, I had to retire early on medical grounds unfortunately! Just to finish that, I have multiple sclerosis which affects my legs and walking, so that's why I retired. But we trained them, and I think we trained them very well for these 6 months and they were assigned to all sorts of things, my own involvement in the training was to try and teach them anaesthetics so that they had as I recall, something like 3 weeks' anaesthetics, and we took it pretty seriously in that we bought a machine because all the anaesthetic machines in the Antarctic were very old and different and you know, you really wouldn't want to use them! We bought I think 4 machines, or BAS did, we kept one in Plymouth to train people on, and then the others were in the Antarctic and hopefully after their 3 weeks' training they could give an anaesthetic if they had to, I think they did once 3 of them on the way down as I recall, I think it was in SG they tackled a patient once, I can't remember why, I had sort of slightly left the scene by then.

[0:38:43] Lee: So were you devising this additional medical training almost from scratch or were you picking up the Aberdeen module and just updating it?

Andrews: I would say we were devising it from scratch really.

[0:38:57] Lee: It hadn't been done before then?

Andrews: I think, I don't want to criticise Aberdeen because obviously they did a great job for a long time. But towards the end and we were competing and won the contract from them, I think that the medic in charge was a little bit divorced from acute medicine, and they were very much concentrating on, oh I can't think of the word now sorry! Sort of occupational health type as I recall? So that they were very much preventative and so on and so forth, whereas we tackled it much more through A&E if you like through real medicine and things going wrong and according that sort of training to them. So they could if needs be perform simple operations, simple anaesthesia and mending bones and all that sort of thing. And I think that we devised the programme from scratch yes.

[0:40:12] Lee: I think we are talking about 1997 or 1998 aren't we?

Andrews: Yes we are, yes.

[0:40:15] Lee: When you took over the responsibilities, [Andrews: Yes.] what level of communication did you have in those early years of BASMU did you have with the Antarctic, voice contact, could you send images back?

Andrews: We did send images, again we did get one or two papers out of that, where we could send x-rays back and at that sort of time in medicine generally, technology where we are now at Derriford is now they have films but, essentially it's all electronic image x-rays. There was always doubt about how good they actually were and I suppose we are talking about 15 years ago, and 15 years is a long time with electronics and things have improved, but what we did we sent down a set of x-rays that we knew what was wrong with them, but the doctors down there didn't know what was wrong with these x-rays! So they had to diagnose what was wrong with the x-rays and then they had to photograph them and send them back down the wire, and then at this end people would see what had happened to the quality of the images that sort of thing. But certainly, voice contact was possible I mean I could phone up and say what was wrong with people.

[0:41:48] Lee: Did it work perfectly all the time?

Andrews: I wasn't enough in the front line to answer that! [Lee: OK!] One of the things we did struggle with a bit was electronic...they were meant to submit monthly reports of all consultations in the Antarctic and we employed someone to come up with a computerised database and I think like everybody with computerised databases it didn't work as well as we'd hoped! But again I think in the end times moved on and everything is better.

[0:42:36] Lee: So you were there for the first 7 or 8 years of this arrangement before you stepped down from your career?

Andrews: Yes.

[0:42:45] Lee: Do you remember any particular difficult cases, where Derriford was stretched kind of thing trying to solve a problem several thousand miles away?

Andrews: The most interesting case actually which taxed us, and perhaps I have to be a little careful here, [Lee: Of course], was not particularly a medical case, we, I...don't quite know how much I should say, we had wonderful interviews for the doctors for the first few years. It was very, we got a very good set of applicants for what was usually 3 perhaps 4 posts and the sort of applicants we were getting, and probably 3 or 4 years post qualifications who'd perhaps done a year as an SHO General Surgeon and maybe a year of something else, and got some form of higher qualifications before they went. And so we would spend all day interviewing, perhaps 8 or 9 applicants and picking 3 or 4 of them and for my because I have done a lot of interviewing over my career. And I felt they were the best interviews that I attended because we questioned, we allowed to make questions, questioned them about things of course the political environment. We had people from BAS usually Richard Hanson, Peter Marquis, myself and perhaps a couple of other doctors Wilkins sometimes and Ian Grant sometimes, and you would ask these people everything about themselves, not just their

medical qualifications and career, but what their worse habits were, and how they react to people all that sort of thing, and yet we did have one or two doctors that we sent down that didn't do well, for various reasons! And I felt very disappointed that our interviews really we'd failed to pick up, two doctors in particular who didn't perform as well as we'd hoped for various reasons! And I still don't know why, I do feel sending people to the Antarctic is quite difficult and I don't, I'd be very interested to know how many people BAS pick and send down, don't do as well as had been hoped?

[0:45:48] Lee: Denis Wilkins when I spoke to him early this year, one of his conclusions was there is still room for improvement in the psychological profiling of new BAS recruits, and I guess that's what you are talking about?

Andrews: It is really I am saying that, but I wasn't a great believer in psychological profiling, I'm still not but that doesn't mean to say we've got it right but I think it's far more complex than people realise!? You don't know how much people are going to miss their loved ones or how much or how difficult they find getting on with other people, all these sort of things are very, very difficult!

[0:46:27] Lee: So all these sort of things, did you find yourself counselling your own doctors remotely?

Andrews: We did a bit, I don't know so much about counselling.

Lee: Well chatting should we say?

Andrews: Chatting! I did a bit, I mean one of the most difficult ones, the most difficult (I still feel this!) was one, the most major problem became, on the one side we had the medical side and on the other hand we had the management side. Because the doctor hadn't done what management had told him to do and their defence was 'These are medical reasons why I'd didn't do what you told me to do!', and it was insoluble and I don't think in the end it was properly solved and, but I think I see that as being in a way a psychological problem of the doctors, that they couldn't understand this management, that management may have been a 'bloody nuisance!' or whatever as we all see management in our careers, but they're probably, you know they're not trying to be difficult but it just seems that way to you at that time!?

[0:46:51] Lee: At the sharp end?

Andrews: Yes, and I was sad about that I still am, I feel the experiences that I certainly have in the Antarctic which enhanced my life really and still does! And I think here today, I feel that about most people here, but I don't think the two people I'm talking about would have left with that feeling!

[0:48:21] Lee: Right, the most extreme medical case that came up of course was the death of Kirsty Brown at Rothera [Andrews: Yes] When she was attacked by a leopard seal at Rothera, did BASMU get involved in that event?

Andrews: I, as I say although I was still in charge then, well I was and running the BASMU Board and all that sort of thing. I didn't hear, I don't, I can't really answer that question I mean, well it was just such a disaster, it was only on a more personal level I talked to people about it. I don't if Ian Grant had to field lots of difficult questions and such?

[0:49:14] Lee: Did the doctors that went south feel that the Antarctic enhanced their careers or as some of the early doctors, were worried about it might actually interrupt their careers and delay their medical progress, their professional progress?

Andrews: I think that has always been a worry for people and we always advised applicants they wouldn't find that to be the case. The changes in medical training happened probably earlier this century, where instead of doing essentially what we used to do, you ran your own training scheme and applied for jobs along the way, hope you got them, often you wouldn't and you'd apply for 2 or 3 and you'd get one and after 5 or 6 years, you seemed to have done everything! And then you became a consultant, because by then people had said 'He's alright' or 'He's not alright' and drop by the wayside! But the changes in medical training meant that once you'd got your job right at the beginning, all you had to do was pass whatever exams that were required. But at the end of 5 years you'd completed your training, and then automatically and would get your consultant job. Which is very much how the military work, and so with regard to BASMU who it became harder for doctors at the beginning to say, 'Well actually I can take a couple of years out, and then I can get on, get on a training scheme' and so I think they tended, we tended to get less experienced candidates and fewer of them when the medical training changed!

[0:51:16] Lee: Well that's changed now in your thinking?

Andrews: I haven't been involved recently enough to know, but initially we got loads of applicants good experienced, but as I just said we seemed pick one or two we shouldn't, but after 3 or 4, 5 years medical training changed and we got less experienced applicants and fewer of them and it became harder to, and we then sent down people we would perhaps, we shouldn't send down, but as far as I know they all performed very well.

[0:51:54] Lee: So it's getting worse rather than better in that way with time?

Andrews: That was, it did yes!

[0:52:01] Lee: So do you believe the Antarctic sojourn is an obstacle in one's career as a medical man?

Andrews: No I don't! As far, all the doctors I know and I have kept up with have all found it didn't, it wasn't a problem.

[0:52:22] Lee: OK! The nature of complaints, for want of a better phrase that one can suffer in the Antarctic has changed in years, over the last decade or so, particularly the development of the 'ozone hole' so one is more vulnerable to rays of various kinds, working in the Antarctic. So were you having to adjust your training and your medical regimes to cope for those climatic changes down south?

Andrews: I...think the limited experience that I have, because I fortunate I went down again 3 years after we have taken on the contract, and I was fortunate enough to have 2 months down there as a sort of VIP, but a working VIP what became very apparent to me, how, how particularly at Rothera where I spent most of the time, the system seemed to dictate to people much more than in our time you know, you mustn't go out without your goggles and you mustn't go out without you know covering your skin and all these sort of things! And so, how much we contributed to that medically through BASMU I don't know, except we said 'Well you know this is the situation so', but I don't know that their training was necessarily affected particularly.

[0:54:01] Lee: So it was preventive medicine as the case?

Andrews: It was really.

[0:54:03] Lee: Rather that dealing with the symptoms later? [Andrews: Yes.] How was that trip in 2000, you know it was nearly 3 decades since you'd previously been before? How did you feel about it, was it different?

Andrews: I...found it fantastic in many ways, I was very fortunate I went down on the *Shackleton* from Stanley, having flown out to Stanley and at that time, we were trying very hard as a hospital to persuade the Falkland Islands that they should join in with BAS and get all their medical advice from Plymouth! But we failed, I failed in that but I'd been to see a chap called Roger Diggle who was their CMO in Stanley, and I'd seen him a couple of times actually and so I then joined the ship and went down and well, as I say I was a bit of a VIP but I always tried to act as a normal Fid! do my share of all the gash and stuff, I then saw SG and we went to Bird Island and then we went down to Halley. I suspect, although I may be wrong, but my claim to Halley has spent least time there as anybody! Because we had a 'Medivac' the chap who we'd been transfusing was on the *Shackleton* we were stuck not far from Halley. So they flew a plane I think there may have been one at Halley or they may have flown it over from Rothera to Halley and then they flew to the cliff ice edge and I got off along with, and so they flew us to Halley I spent about half an hour there before flying on to Rothera,

Lee: With the patient?

Andrews: With the patient! And then the patient headed off on the Dash 7 with the medic who'd been at Rothera, and I stayed on for 2 weeks at Rothera as the doctor and then I went to home on the *JCR* as the only Fid on the boat! So that was quite fun and then back to Stanley and then flew home, so that was 2 months of pure fun!

[0:56:47] Lee: But most Fids going back, '60 & '70's Fids going back to the Antarctic in the year 2000, there was a veterans' trip Marguerite Bay 2000 trip, they were surprised if not shocked at times how things had changed, was that how you felt about it?

Andrews: I felt that, of course it was high summer I was surprised at the way management had taken over, but then that's life you couldn't, you weren't allowed to do X, Y & Z till you'd had whatever training was deemed necessary, which could seem irksome, but was

clearly sensible. I found, I mean at Rothera it what, it did me a lot of good because you know there are two showers, there are I think 20 of us living there and there you were having been on boat, with your own little *en-suite* and then there you were queuing up with all these other blokes, to get in the shower in the morning! And at first I thought 'God I can't do this! This isn't modern life', but before the end of 2 weeks it was completely normal! And I felt it had did me a lot of good so it hadn't changed all that much!

[0:58:09] Lee: Final question, Chris I notice I was at BAS a couple of weeks ago there was a large consignment of a book *Kurafid* that had just arrived in cardboard boxes [Andrews: Oh yes..] Now when you took over medical matters in the Antarctic presumably you came across *Kurafid*?

Andrews: Oh yes!

[0:58:26] Lee: How was it?

Andrews: Well *Kurafid* was first written by a chap called John Brotherhood in something like I think 1968, it might have been as late as 1970, and it's now in its 5<sup>th</sup> edition, I think we, it had been revised by a chap called Chris Johnson who became an anaesthetist in Bristol, then it was revised I think by Aberdeen and then we got it and we revised it! And under Ian Grant revised it, and hopefully it's a pretty good book!?! Gives you all you need to know!

[0:58:13] Lee: Did you find yourself referring to it?

Andrews: Well, I knew it was really originally designed for your sledge box, so that when you fell off your sledge down a crevasse and broke your leg, you knew what to do! Or cut yourself and so on, I think it's still a good reassurance I hope to the Fids that you know what to do, that was its intention always.

[0:58:39] Lee: That's been a marvellous hour thank you so much Chris!

Andrews: Well thank you very much! I hope I haven't bored you too much?

[0:58:47] Lee: Certainly not!

Interesting clips;

- Research into penguin livers! [0:20:34]
- Returning to UK. [0:25:14]
- Starting BASMU. [0:27:14]
- Returning south as a VIP! [0:54:03]