

## **Barrie Marmion Academic Reminiscences**

I was not raised as an academic. I graduated from the University College Hospital (UCH) in the closing months of WW2. Our paraclinical and clinical years had been spent between UCH Gower Street and the Sector Hospital near Watford where air raid casualties from London and those from the European zone ended up.

Most members of the teaching staff were away in the forces and we organised our teaching in groups of fellow students, attending autopsy sessions and outpatient sessions and clinical learning. The course was shortened, but as a 'year' we did just as well as groups in the medical school before the war. I was always a little sceptical about magic teaching course structures as a result.

After house appointments at UCH I then joined the Public Health Laboratory Service in Cambridge set up at the outbreak of war to deal with possible epidemics from civic disruption. This was the brain child of G S Wilson and A H Miles, and GWS was determined that new recruits, such as myself, should be at the bench but also gain wider systematic tuition. This included in my case periods at the clinical pathology labs at the Radcliffe Oxford doing the Diploma of Bacteriology in a one term version and year at the Walter and Eliza Hall Institute while still in its infancy, as a Rockefeller Visiting Fellow.

It also included a 3 year period, after going to the Virus Reference Laboratory, of collaborating with Michael Stover in an MRC/PHLS investigation of Q fever in the UK, initiated by Michael Stover and following isolation of *C.burnetii* by the F O McCallum Virus Reference Laboratory from the Royal Cancer Hospital staff, infected at an autopsy of an unrecognized fatal case of Q fever from Southern Kent.

After the period in Cambridge at the Q fever investigation, I moved to the Regional PHLS laboratory in Leeds as a consultant of the Regional Virus Laboratory. It was an educational period – work on the nature and culture of *Mycoplasma pneumoniae* (Eaton Agent) , the first detailed description of Q fever endocarditis, laboratory diagnosis of small pox in Bradford, mass feeding of Sabin vaccine to control poliomyelitis in Hull, along with the usual run of respiratory and enteric viruses. I mention all of this laboratory and clinical experience because in the period in the PHLS I saw the very clear need for the Departments of Medicine and Surgery to integrate their teaching with those of pathology and microbiology in the later years of a medical course and was pleased that when got to Monash at Clayton the rest of the clinical and paraclinical professors at that time felt the same. However, while my experience might have been relevant to teaching microbiology medical students, it had not trained me in academic warfare over turf and resources. It was a quick learning curve at Monash.