

**Where I've been since 1965**

- Training: UCC 1965-69. University of Waterloo (Canada) 1969-73.
- For first 7 years, I worked in the USA, in Buffalo 1973-77, and in Boston 1977-80.
- Returned to Canada in 1980, to a position at McGill University. Have been here since -- still working fulltime.

**Waterloo:** After bachelors and masters degrees in mathematics and statistics from UCC, I earned a doctorate in statistics from the [University of Waterloo](#), a then-very-new university in rural Ontario, an hour's drive southwest of Toronto.

**USA:** A professor at the [State University of New York](#) in Buffalo -- a visiting lecturer at U. Waterloo -- offered me a job with his team of medical statisticians working on randomized trials of various ways to treat cancer. To get faster and more reliable answers, more than 50 US and Canadian academic medical centers enrolled patients in these co-operative trials. Our Buffalo team expanded quickly, and in 1977, when the university could not provide the fast-facilities our leader demanded, he moved the team to the [Sidney Farber Cancer Institute](#), and secured faculty appointments for us at the school of public health.

**Montreal:** In late 1979, our boss was invited to address a conference, but couldn't go, and asked me to do so. There I met a McGill statistician. When I said I was interested in a permanent (hard-money) Canadian position that involved more teaching, he mentioned that the medical school at [McGill](#) had such a job. I was offered and accepted the position a month before the 1st Quebec referendum on independence in May 1980 (40% voted Yes; 49.5% did so in 1995!).

I have been here ever since, apart from a sabbatical year at the Cancer Unit at the WHO in Geneva 1985-86, and a year teaching in a Canada-Ethiopia community health training program at Addis Ababa University (1992-93). A small portion of my teaching involves medical students to think statistically. My main work involves teaching and supervising the research of graduate students in epidemiology and in biostatistics, carrying out my own research, and collaborating with other medical school researchers in areas all the way from pediatrics to geriatrics. Over the years, I have become interested in the history of public health, epidemiology, and mathematical statistics.

**Family**

In my last year at the University of Waterloo, I met my future wife, Ann Marie. She was born in Montreal; her father was francophone and her mother anglophone (O'Brien) -- a mix that was rare then, but more common now. She was educated in English, so when it came time for our children to go to primary and secondary schools, they had the right to attend English ones. They did, but ones that had French immersion programs. They went to French schools the years when we were in Switzerland and Ethiopia.

Two of our four sons were born in Boston, other the two here in Montreal. So far, we have four grandchildren, all boys, aged 2 months to 2 and a half years, two here in Montreal and two near New York city -- a day's drive away.

**Living in Montreal**

We really like Montreal, even with all its politics. I helped organize a large conference here 10 years ago and got to see it through outsiders' eyes -- they too liked its easy going attitude and its European flair. The weather is not as extreme as some other parts of central Canada, but the winters do seem to be getting longer and colder. So we are looking forward to getting away more in the Winter months and going somewhere warmer. Now if I could only negotiate a half time position when I was here only for the 6 nicest months, I would gladly continue working for several more years.

I haven't gotten very fluent in French, but I get by. And now, when I try to speak Gaelic, French comes out [I can still follow a good bit of spoken Gaelic].

**Random memories/incidents**

**What we missed**

**Do over**

**Reflections**

**60s**

**football**

**academics**

**math**

**mentors**

**punishment?**

## Notes

My thesis work was more applied than mathematical: I used both high- and low-tech methods to collect cigarette-smoking behaviour data, and got to appreciate what it takes to get high-quality data for research.

[McGill University](#) is an English-language publicly-funded university, located in the mainly French speaking, but quite bilingual, city of Montreal. It was established from a bequest of the Glasgow-born and -educated James McGill who became a prominent Montreal fur-trader, merchant and public servant. Probably because it is an English University, many people still think it is in Toronto. Indeed, as Canadian humorist and McGill University professor Stephen Leacock once quipped, “Indeed I have always found that the only thing in regard to Toronto which far-away people know for certain is that McGill University is in it.”

At UCC, we got to write out one computer program, but had only the one chance to debug it. We wrote it out onto a FORTRAN coding sheet, it was keypunched overnight by the business office staff, and we got back the list of errors the next day. At Waterloo, we punched our own cards, queued for the attendant who had the deck read in, and the output was ready for us at the other end twenty seconds later

Incidentally, it was only much later that I found out that in my MSc year in Cork, the [flat](#) my brother Barry (Sem ‘61-‘66) and I had in the Mardyke, at [5 Grenville Place](#), was the same house where [George Boole](#), first Professor of Mathematics at what was then Queen’s College (now UCC) lived when he wrote his 1859 book that led to Boolean algebra, and is the foundation for the binary number system that underlies electronic computers today.

I had accepted a scholarship to join the doctoral program at SUNY but turned it down when Waterloo offered theirs. When the visiting professor found out where I had gone instead, and asked why I had switched to a Canadian university. He maintained afterwards that my answer had to do with Vietnam, and US crime rates. I was embarrassed to tell him that when deciding between the two cities, I had very little real information to go on, and that it was a toss up, and that what decided it was the glossier brochure, and the possibility of going to Canada directly as a landed immigrant. As it turned out, the interview at the Canadian embassy in Dublin in 1969 lasted about two minutes, one of which involved the immigration officer looking up a document that told him that the apartment occupancy rate in Waterloo was sufficiently low. Today it often takes a year or two to get permanent residence in Canada.

Our SUNY offices were on a campus far from the medical school, and our medical collaborators were spread across the continent, only accessible by phone and the US mail service.

I recount some early of these [experiences](#) in an after-dinner talk to the Irish Statistics Society in Killarney in 2006. There I also mention my first attempt at teaching UCC medical students, my own age, in my MSc year. Given that episode, and the negative feedback I got from a much younger pupil in September 1966 -- the 2 teacher 60-pupil Bere Island primary school I had attended from 1952-1960 been reduced to a 1 teacher school of about 30, all the way from ‘babies’ to seventh class, and I was the substitute for a month while the permanent teacher was on maternity leave -- it’s a wonder that I persisted in the [teaching profession](#).

It was an eye-opener for me to watch academics at an Ivy League university. I was probably just as well trained technically as the Ivy league (and second or higher generation university) types I met, it was on the communication and the like that I was green. I was particularly fortunate to collaborate with a Harvard professor of Radiology and my collaboration with her led to a widely cited paper on a new statistical method. That, and the mentors I had in the USA, gave me the kind of confidence and attitude I had not had earlier.

The topic was how to have physicians have more of their patients enter randomized trials, but without having to tell those who were offered the standard therapy that this offer to them, and an offer of experimental therapy to others, was decided by randomization. I got heck for this idea, which I didn’t entirely agree with.

Earlier on, my own research was statistical methods to assess the accuracy of diagnostics tests; more recently I have been concerned with measuring how much cancer screening reduces death rates, and am currently, with a medical statistician at the medical school in Limerick, analyzing how much of a dent the Irish BreastCheck Program has made. It was introduced in eastern counties in 2000, and in the rest of the country in 2008.

I have not done any paid outside consulting. When in Massachusetts, I was involved in the planning of their 1978 Dental Survey of children, carried out before Boston put fluoride in the drinking water, and the New England Regional Burn Program. In the 1990s, I was on a group that advised the Quebec Ministry of Health not to pay for PSA screening. I helped out in a federal court case in 2007 dealing with Direct To Consumer Advertising of medications, and in a World Anti-Doping Agency case dealing with human growth hormone levels in athletes.

Some of my more whimsical pursuits, although all in the service of teaching, include •a follow-up study of the Titanic survivors, •modern data on ocean depths, and what was gathered before the laying of the Atlantic telegraph cable, •recreating, and recovering the data behind, a pioneering paper by a famous Guinness Statistician who wrote under a nom-de-plume and created a slightly wider and flatter statistical curve than the Bell curve the UCC medical students did not like; •resurrecting and making public the raw data gathered/used in investigations into some Victorian era epidemics (including one that spread from Ireland to North America via Quebec and Montreal) and some early statistical studies on heredity. Links to these can be found on [my webpage](#).

Like being on the team, not a captain. --- IBC