

**Red Duke**  
**LBJ Lecture April 24, 1985**

Introduction of Dr. James H. “Red” Duke  
The Seventh Lyndon Baines Johnson  
Distinguished Lecturer  
Robert L. Hardesty  
President  
Southwest Texas State University

Welcome to the seventh presentation in the Lyndon Baines Johnson Distinguished Lecture Series. I am delighted to see so many of our students and faculty here this afternoon as well as so many friends of SWT. I would like to extend a special welcome to all of you.

There is great satisfaction in making a dream come true. Most of you know that when the LBJ Lecture Series began in the spring of 1982, it was to carry out a dream that President Johnson had for Southwest Texas State University. Speaking on campus only a week before his death, he said that he wanted to bring the nation’s most influential and respected people to this campus to talk to students and faculty and to comment on the issues of the day.

In looking over the list of speakers, it is easy to see that we have done just that.

•W. Thomas Johnson — journalist, communicator, publisher of the Los Angeles Times.

•Barbara Jordan — politician, educator, astute commentator on current issues.

•Gerald R. Ford — former president of the United States.

•C. Warren Hollister — historian, Magna Carta expert, linking the past with the present.

•Admiral Bobby Ray Inman — chief executive officer, computer technology expert, linking the present with the future.

•Jim Wright — majority leader, U. S. House of Representatives.

What a source of knowledge and influence these men and women represent. And what a rewarding experience it has been for all of us to meet them, to hear them, to learn from them. I know that President Johnson would be pleased and proud that his dream has become such a vital and important part of Southwest Texas and the city of San Marcos.

Today, once again, we have an informed and provocative speaker on our campus. I’m sure you’re familiar with his down-to-earth commentaries on medical problems and how to cope with them. And I’m sure you listen to his practical tips on health care, ranging from what to do for an insect bite to nutrition to the problems of aging. In fact, most of you probably feel as if you know him already — that country doctor who makes house calls via television, Dr. James “Red” Duke.

Dr. Duke is a practicing surgeon, a professor, and special assistant to the president of the University of Texas Health Science Center at Houston. He’s also a certified Aggie. Dr. Duke did his undergraduate work at Texas A&M, which he still considers the high point of his educational experience. Following a stint in the Army, he entered Southwestern Baptist Theological Seminary in Dallas, where he earned a degree in theology.

But he always wanted to be a doctor. So his next step was to attend Southwestern Medical School in Dallas. As you might expect, his medical career has not been the traditional one. He spent two years teaching in a medical school in Afghanistan. He started “Life Flight,” a helicopter service that transports patients from accident scenes to hospitals. He is an expert in trauma surgery, the treatment of accident victims and other patients who come into the emergency room and require immediate surgery. It is this specialty that led to his TV career.

The viewing public met Dr. Red Duke when he appeared on “Life Line,” a NBC series that featured real doctors in simulated medical situations. The series folded, but the segment featuring Duke won an Emmy award. A few years later, when the University of Texas Health Science Center at Houston decided to develop a television segment, someone remembered “Life Line” and Red Duke. Now his “Texas Health Report” appears on 46 TV stations in 21 states.

Between TV appearances and the operating table, teaching classes and serving on countless committees, writing articles and making presentations, Dr. Duke also serves as president of the Texas Bighorn Society. Bighorn sheep and wildlife conservation are high among his many interests.

I could tell you much more about this remarkable man, but I have a feeling most of you would rather hear from Red Duke than about him. I’m pleased to present a fascinating man who I’m proud to call my friend. From the University of Texas Health Science Center at Houston — here’s Dr. Red Duke.

Lyndon Baines Johnson Distinguished Lecture  
Dr. James H. “Red” Duke

Freedom, Responsibility and the Pursuit of Good Health

President Hardesty, distinguished guests, faculty, students and friends. It is always an honor to be asked to make a presentation for such an important occasion, and I am no exception in feeling so honored for having been asked to deliver the Lyndon Baines Johnson Lecture of 1985. It would be difficult not to accept such an invitation, but ultimately one must face the reality that those assembled on this important occasion have a reasonable expectation that the speaker will present something of value. At that point, one experiences the overwhelming sensation, as T.S. Elliot described it, of “fear in a handful of dust!”

From Sickness To Wellness

During the past several years, I have associated myself with a growing faction of the medical community that has become weary with the frustration of treating patients with diseases and injuries that never should have occurred, and I have become aware that neither a major portion of our society nor the medical profession has been willing to acknowledge or initiate actions that significantly would alter behavior that caused the problem.

Until recently, society’s message to the medical profession has been to provide comfort and cures for the sick and injured. In the past three or four decades, through enormous investments of economic resources and human energy, the profession has made

what some would describe as incredible advances in the area of wellness — in times of sickness. This achievement is evidenced by the ever-increasing average life span of our population.

In the face of almost exponential advancements in the application of science and technology in dealing with human disease processes, there is evidence of new and growing social pressures to develop alternative ways in which individuals can promote their health. Clearly, there is a mounting momentum behind this movement in many areas of society, as well as in the profession itself. But to assume that a metamorphosis in behavior is close at hand would be precipitous, unless there is a major attitudinal change.

During the past several decades, a vast amount of work and study has produced a great body of information concerning the relationship between the cause of disease and factors within the environment. Simultaneously, there has been an even more incredible advance through the application of science and technology to the treatment of some diseases.

There is no question that the medical care in this country is the finest available anywhere, but it is also the most expensive. During the time that we will be here today, the United States will spend approximately \$30 billion dollars on the health side of the budget. One of the primary stimuli to the search for alternative ways to promote health has its origin in government and business efforts to identify ways to reduce or contain these costs.

Some employers have begun to implement employee health programs as a means of reducing the contributions to insurance coverage and to the costs associated with absenteeism and the training and placement of new employees who replace people lost to disease or disability. These more farsighted corporate officials are attempting to use the information made available by recent studies. Whether wellness programs will alter significantly the national health expenditures remains to be seen, but early evidence indicates a positive trend in this regard.

Although all of the evidence to support the validity of wellness strategies is not yet conclusive, there is enough information available —and enough which is conclusive —to command our attention. It is our failure to pay attention to this evidence of certain health risks that should be our concern. If all of us would acknowledge the reality of the forces, which currently impact the physical, emotional, and mental health of our society, and would take appropriate action to redirect these energies, I am convinced that we could dramatically and immediately reduce human pain, disability, and death.

For a moment, let us address some specific examples of issues of great magnitude. Did you know that the most common cause of death under the age of 44 is injury, and that in 1983, the total cost of injuries to the nation was estimated at \$82.5 billion? In the same year, in Texas alone, it was estimated that 352,000 potential years of life were lost due to injury, which was greater than the sum of those life years lost due to cancer, heart disease, and infection. For each death due to injury, there are at least two permanent disabilities. More than 50,000 people, half of whom are legally intoxicated with alcohol, die each year on the highways of the United States.

According to the National Council on Alcoholism, the primary public health problem in this nation today is alcoholism. Either directly or indirectly alcohol is responsible for at least 95,000 deaths per year. In March 1983, a study published by the Congressional Office of Technology Assessment estimated that the annual economic

costs from alcoholism and alcohol abuse are \$120 billion. It is noteworthy that this figure does not include the cost from all other forms of chemical abuse.

Both injury and alcoholism are totally preventable. We are experiencing incalculable pain, suffering, death, and economic loss from lifestyles that are chosen by certain individuals and either fostered or allowed by many others.

On the other hand, there are other disease processes in which the correlation between cause and effect is neither as clear nor as condemning. For example, much remains to be discovered concerning the cause of many types of malignancies. Conversely, there are some cancers in which there is positive correlation with recognized causative agents. Although there is no definitive study concerning the relationship between diet and cancer of the colon, there is abundant and persuasive data from epidemiologic studies among the inhabitants of the developing nations of the world where, since there is nothing else to eat, the diet contains large amounts of natural fiber. Among these people, colon cancer and the more common benign conditions found among the peoples of western nations, diverticulosis and diverticulitis, are virtually nonexistent. I probably spend more time dealing with these two conditions in my general surgical practice than any two other abdominal problems.

In the case of lung cancer, the data are abundantly clear. Between 85 and 90 percent of all lung cancers are associated with smoking. Probably the most condemning and yet tragic evidence concerning the correlation between cigarette smoking and lung cancer can be found in the following data:

1)Smoking rates among men declined from a peak of 51.1 percent in 1965 to 36.9 percent in 1979.

2)Smoking rates among women increased from 18.1 percent in 1935 to 33.3 percent in 1965.

3)Since 1953, lung cancer rates have increased 72 percent among men and 256 percent among women.

One cannot resist wondering why, in the face of such convincing evidence on which to base behavioral changes, life-enhancing modifications come about so slowly, if at all. Before we can even suggest a solution, we must look to the individual, and to society as a whole, to learn why people with the precious freedom of choice fail to act responsibly, and why they fail to adopt lifestyles that would improve the quality of their own health and prolong their own lives as well as benefit their families and their nation.

### In Pursuit of Prevention

It has been well established that cardiovascular disease, heart disease, and stroke are the primary causes of death in this society and contribute greatly to the rapidly escalating health care costs at all levels. Malignant neoplasms, or cancer, are the second leading cause of death and disability, while injury is the third most common cause of death in this nation. In contrast to cardiovascular disease and cancer, injuries disproportionately affect the younger members of society and thus are responsible for the loss of many years of potential life and productivity.

Chemical abuse, with specific emphasis on alcohol, is pervasive throughout all elements of society and contributes significantly to the etiology of the three primary threats to survival just mentioned. It is understandable that the national council on

alcoholism would make the statement that alcoholism, along with alcohol abuse, is the number one public health problem in the United States.

The most striking common characteristic shared by these leading causes of death is their preventability, at least in many instances. Though we do not profess to have the necessary knowledge and skill with which to prevent all, or even most of certain types of conditions that cause untimely death and unnecessary disease, we have enough knowledge which, if widely acted upon, could reduce their incidence and prevalence.

Let me take as an example some areas in which death and disability are currently on the rise, despite the fact that prevention is highly probable. From these examples, we can then seek explanations concerning how we could know how to prevent certain types of illness and yet be unable to prevent or minimize their occurrence. Let us consider three areas:

- 1)Alcohol use as a contributor to motor vehicle accidents
- 2)Safety restraints as a safeguard in preventing death and minimizing injuries in motor vehicle accidents
- 3)Smoking as a major contributor in lung cancer deaths

For the past quarter of a century, surveys have demonstrated repeatedly that in 50 percent or more of all fatal motor vehicle injuries, one of the drivers involved had consumed large quantities of alcohol. A related fact is that drivers involved in alcohol-related fatal crashes have a higher frequency of previously recorded wrecks, license suspensions, and revocations, as well as a higher proportion of speeding convictions and other harmful moving violations. Concurrently, there has been an increase in the use of alcohol among young people. Surveys conducted in the 1940s indicate that about 25 percent of young people between the ages of 16 and 20 used alcohol, while over 75 percent of this age group admit to its use in the 1980s.

Though numerous public information campaigns regarding drinking and driving have been launched in the last few years, they have had little success in preventing the problem. Only in recent years have angry and hurting families of those who were a part of the automobile fatality statistics coalesced and exerted sufficient pressure on legislators to enact tougher laws or to stand accountable in forthcoming elections for having neglected the public interest. The degree to which such groups have succeeded in tightening the laws to protect people from those who choose to drink and drive has varied from state to state. In Texas, the pro-use/individual freedom lobby has won most of the rounds over the restricted use/social responsibility lobby.

It has been estimated that the use of seat belts could reduce fatalities in car accidents by as much as 50 percent as well as dramatically reduce injuries. Here again, despite substantial efforts to educate people with the convincing statistics on the use of safety belts, only about 10 percent to 15 percent of adults are said to use them regularly. Efforts to enact legislation requiring the use of seat belts, particularly those mandating the restraint of infants and small children in motor vehicles, have enjoyed a higher degree of success, but they have a low level of utilization because the law is not enforced. It is not uncommon for those of us who deal with a large volume of patients injured in automobile wrecks to hear of one or more adults who were not wearing seat belts sustaining fatal injuries, while a restrained infant or child escapes without injury.

The case for the relationship between smoking and lung cancer is not disputable. Even with the Surgeon General's report of 1964 and the subsequent expenditure of

billions of dollars on research and public information and education, one in every three adults still smokes cigarettes regularly. Of even greater concern is that each year from one to two million individuals, most of them pre-teenagers and teenagers, start to smoke. Cigarette smoking has been labeled by Surgeon General Dr. C. Everett Koop as “the chief, single, avoidable cause of death in our society, and the most important public health issue in our time.” Individuals who smoke two or more packs per day can expect to develop lung cancer at a rate from 15 to 25 times greater than nonsmokers. Besides lung cancer, there is a high correlation between cigarette smoking and cancers of the larynx, oral cavity, esophagus, bladder, kidney, pancreas, and stomach.

Just from these three examples, I must ask why, in the face of such a wealth of convincing evidence on which to base behavioral changes, do we persist in personal practices that are clearly damaging to ourselves; and why, as a society, do we allow others to conduct themselves in a manner that forebodes a serious threat to the welfare of others. We must look to the individual for clues to why people with the precious freedom to choose are not electing to adopt lifestyle changes that could improve the quality of their health and prolong their lives. Dr. Lewis Thomas, prominent medical educator and scientist, has summed up the state of events in this regard:

The greatest single achievement of science in the most scientifically productive centuries is the discovery that we are profoundly ignorant: We know very little about nature, and we understand less. Clearly our understanding of human behavior, and, specifically, how to motivate life style changes are limited. Whether prevention strategies are best promoted when they aim at persuasion or cohesion, is an area where there remains great debate. At the present time, about the best that we can do is offer educated guesses as to what prompts certain individual health actions, and seek to validate them through rigorous research and observation. As an example, it is probably reasonable to assume that the main reason that most persons do not start smoking, or that they stop smoking, is mainly due to concerns about their health consequences; somewhat lesser due to social stigma; probably rarely due to their view of this issue as a noble and worthy social goal.

### Responsibility in Perspective

I would like to share with you some of my thoughts on issues that have long concerned great politicians and philosophers, and that today capture the attention of most responsible educators, lawyers, physicians, and scientists. The issues to which I am referring are freedom and responsibility. In their political context, the associations most of us make with these terms are fairly standard, but in our pluralistic society, we often struggle between the “Who” and “To What Extent “ components of freedom and responsibility. These struggles began long ago and continue today.

Past generations of Americans identified historically with a partisan viewpoint that principally was either Democratic or Republican. A notion that I would like to propose is that these identifications were perhaps more important in past days, when the nature of our social problems and aims different from those of the present time, and in retrospect were less complicated. In our highly technological, complex, and fast-paced world, the questions and concerns that we face may require a more sophisticated

approach, because, quite frankly, many of these questions are complicated beyond comprehension.

Without doubt, we are fortunate to live in a nation that has so freely offered each of us the freedom of choice. An important corollary to this principle is that our state of affairs is a direct reflection of the manner in which we have exercised these freedoms. The integral sum of the diverse forces that comprise our society, at least in some ways, has contributed to a change in which policy formulation and political disclosure are more in the order of a public relations show than the substantive exchange of information.

Within this system, social priorities and pressures have led inexorably to the development of a political posture in this nation that is frequently reactive to immediate emergencies, rather than one based upon long-range, thoughtful plans for the society which nurtures it.

Another indication of transformations that are occurring is the fact that our society has, for a variety of reasons, begun to exhibit strong symptoms that signal its loss of appreciation for historical continuity. To state this another way, we are losing a sense of being a part of past generations of people that continue into the future. As Christopher Lasch wrote in his provocative book *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, "Today, to live for the moment is the prevailing passion, to live for yourself, not for your predecessors or posterity." In the movie "Sleeper," Actor Woody Allen expresses his lack of confidence in political solutions for problems when he responds to the question of what he believes in: "I believe in sex and death — two experiences that come once in a lifetime." This view represents a radical departure from that of Thomas Wolfe, who noted, "Most people, historically, have not lived their lives as if thinking 'I have only one life to lead.' Instead, they have lived as if they are living in their ancestors' lives and their offsprings' lives . . ." This change in societal values finds expression all areas of contemporary life including business, politics, labor, education and probably most importantly, in the family and health.

Will and Ariel Durant, in *The Study of Civilization*, made the following observations:

A great civilization is not conquered from without until it has destroyed itself within. The essential causes of Rome's decline lay in her people, her morals, her class struggle, her failing trade, her bureaucratic despotism, her stifling taxes, her consuming wars. The cause, however, was no inherent exhaustion of the soil, no change in the climate, but the negligence and sterility of harassed and discouraged men. . . . The dole weakened the poor, luxury weakened the rich Moral decay contributed to the dissolution.

The virile character that had been formed by arduous simplicities and a supporting faith relaxed in the sunshine of wealth and the freedom of unbelief; men had now, in the middle and upper classes, the means to yield to temptation, and only expediency to restrain them. Urban congestion multiplied contacts and frustrated surveillance; immigration brought together a hundred cultures, whose differences rubbed themselves out into indifference. Moral and esthetic standards were lowered by the magnetism of the mass; and sex ran riot in freedom while political liberty decayed. . .

Aaron Stern, in his book, *Me — The Narcissistic American*, addressed the issue in the following manner:

No society has ever survived success. The record of history is clear. The Roman Empire provides a richly detailed description of the decline of a great society. The symptoms of its fall centered around a critical schism between the older and the younger generations. It was reflected among the young by an increase in drug usage, by a growing experimentation in homosexuality and bisexuality, and, perhaps most symptomatic of all, by a strident demand for more leisure that was accompanied by an unwillingness to accept responsibility for government, family, and other institutions.

A different view from that of Dr. Stern began with the individual and worked up through society; Christopher Lasch proposed that society expresses its culture through the individual. In his words:

Every society reproduces its cultures — its norms, its underlining assumptions, its modes of organizing experience — in the individual in the form of personality. As Durkheim said, personality is the individual socialized. The process of socialization, carried out by the family and secondarily by the school and other agencies of character formation, modified human nature to conform to the prevailing social norms.

By quoting these authors, I have in part subscribed in principle to some of the correlations and observations that they have set forth, but I do not necessarily concur with the inevitability of their predictions. I continue to have a great faith in the wisdom and innate strength of the American people — be it all too frequently halting and slow — to find a meaningful balance in our lives. One evidence of some of the positive forces in our society is that some social scientists believe that the age of moral ambiguity in the United States is on the decline. In an analysis of the expectations of the American public for the next decade, Yankelovich reported an acceptance of resource limitation and a need, even a desirability, to sacrifice. As the report states:

Americans speak enthusiastically about the moral benefits of a simple, nonmaterialistic life. But they have yet to fully incorporate these benefits into their day to day behavior for their practical plan for the future.

I think that it is important to consider the meaning of responsibility, both in the individual sense and the collective sense. The concept of being responsible to the extent that it involves obligations or duties and accountability, is fairly well understood by most of us. However, the process involved in how one develops this sense of responsibility is much less clear, especially as it concerns the extent to which one is responsible and ultimately who is responsible.

### Responsibility Today

The complexities associated with modern day life have given rise to a vast array of questions and problems, all of which strongly and directly influence our decision-making abilities and other behaviors. For instance, the technological advances and applications that we are experiencing bring about mind-boggling improvements in the human condition and at the same time create new options and possibilities, all of which render the equation more complex. As an example of the impact of historical social change, I would suggest that you consider the impact of the evolution of the factory, which when it came into being in the 19th century, resulted in the socialization of production.

At that time, only production was socialized; other family functions were left undisturbed. However, as Lasch observed,

The socialization of production proved to be the prelude to the socialization of reproduction itself — the assumption of child-bearing functions by surrogate parents, responsible not to the family but to the state, to private industry, or to their own codes of professional ethics. In the course of bringing culture to the masses, the advertising industry, the mass media, the health and welfare services, and other agencies of “mass tuition” took over many of the socializing functions of the home, and brought the ones that remained under the direction of modern science and technology.

Henceforth, our educational institutions, which had formerly been charged with teaching elements of knowledge, moved to look after physical and social aspects of development as well. With the implied recognition that families could no longer assume total responsibility for providing for their children’s needs came resounding agreement from the helping professions —physicians, attorneys, counselors, and the like — who selflessly constructed a case in support of the appropriateness of their profession assuming responsibility for the care of children.

Over the years, this combination of forces has added to the uncertainty surrounding the fundamental issues of responsibility concerning our most valuable resource — the future generations. I raise this point of the impact of the social/political forces in our environment to establish a background for understanding the difficulties we face, how these problems came about, and why they persist, so that we might learn how to resolve them. These issues apparently run through the fabric of all aspects of life, health notwithstanding. They influence our thinking and our actions and must be understood if we are ever to overcome them. As Thomas Jefferson so long ago cautioned, “The price of liberty is eternal vigilance.”

It is necessary to recognize the role of individual free choice in the pursuit of good health, but this does not exclude the need for collective societal efforts to provide limits and guidelines for healthy behaviors. In this country, the social collective efforts are usually achieved through the development of legislation, which either enables or prohibits specific activity, and through general public health programs. The pursuit of healthy life styles and a healthy environment, whether it originates in individual efforts or collective forces, is constantly posed by a host of obstacles, many of which are ill understood, but the more major of which I would like to review with you.

Before dealing with these obstacles, I would like to point out the current major threats to potential life span and quality of life in this nation. It has been suggested that there is a genetically coded finite potential life span for mankind in general and the individual in particular. For the most part, individuals are thwarted in achieving this potential because of environmental factors, many of which can be influenced and even controlled by individual choice.

#### Promoting Good Health

To this point, I have identified numerous problems and their complex interrelationships. I do not propose to suggest that I possess the wisdom to present a series of answers to these problems, but I would like to suggest to you some principles by which solutions can be found. Though I have raised the question on more than one occasion, we have not yet addressed directly the issue of who should be responsible for

promoting health and preventing disease. In my opinion, the answer is unequivocal; we all are. These responsibilities have several ramifications.

Each of us must accept the reality that we are responsible for every facet of how we conduct our lives, specifically, whether or not we promote our health and productivity or damage ourselves and those who are close to us. Another, and almost parallel, area of responsibility has to do with our families and those close to us. A family unit is far more interdependent and integrated than we might ever have suspected. During the earliest years of life, a child's only model for living is the parents and other family members. Parents inevitably live out the reality of that which they learned from their parents. As our children grow older, they continue to reflect back upon their parental model notwithstanding the fact that they learn increasingly from other models in the society in which they live. It is from this collective experience of living that children go forth into life to face choices and make decisions concerning issues that we have discussed here today, as well as all the matters that will comprise their unique experience.

A third area over which we must exercise responsibility is the segment of society in which we have some potential for making an impact because of our unique talents, interests, or experience.

Consider for a moment the example of alcohol use and driving. Although this single behavioral characteristic is a problem of great magnitude and the cause for enormous suffering and loss, it reflects only one facet of a much larger problem. This problem is a form of obsessive, compulsive, addictive behavior, which we are now beginning to understand and treat. Alcohol abuse is only one of many expressions of compulsive addictive diseases that are far more pervasive in our society than we have been willing to recognize. These are family diseases, and no one escapes involvement in their complex and no one escapes involvement in their complex and tenacious web. It has been estimated by Virginia Sartir, a renowned psychoanalyst and student of family systems, that 96 percent of American families are to some degree dysfunctional. The hallmark of this dysfunctionality is the denial of reality by each individual, a pattern learned by children from time immemorial. The only blame lies with those of us who recognize the problem, then fail to take the necessary steps to alter the pattern. If we are willing to acknowledge the reality of our own limitations, we can then accept our responsibilities and act upon them. As long as we continue to deny what we know about ourselves and our individual history, we can expect to continue to face the dilemmas I have described within ourselves and our society.

Consider the issues involved in the rights and freedom of the individual to smoke or not to smoke. We are constantly bombarded with propaganda appeals that are inaccurate, biased, and communicated in subtle and emotionally persuasive jargon, and which thereby become a serious obstacle to responsible decision-making. Because of the apparent lack of responsiveness to multimillion dollar educational programs concerning the dangers of smoking, some people within the health promotion movement believe that more stringent legislation is necessary to curb the deleterious behavior of the public. Be assured, I am quick to acknowledge the value of certain types of legislation in providing limits within which individuals in society could function, but I believe more in the capacity of the individual to resolve his or her problems. Inevitably, I return to my respect for the individual's sense of responsibility for himself or herself and for those individuals and aggregates of the society with which each of us is associated.

This is an extraordinarily complex issue for which there are no easy answers. I cannot help but relate to the simplistic statement of our friend Pogo, who so succinctly described the problem: “We have met the enemy, and the enemy is us.” All of our lives are complex and fraught with difficulty. It is only natural that we would look to something or someone outside of ourselves to find solutions, such as government, the media, chemicals, and yes, even the medical profession. All of these functions have important and valuable contributions to make to our lives, but for the most part the answers can be found within ourselves.

Many have expressed the feeling that they are hopelessly confounded by the world in which we live and can only expect the worst. Dr. Thomas is more optimistic in his expression of Pascal’s wager:

Today, an intellectually fashionable view of man’s place in nature is that there is really no great problem: The plain answer is that it makes no sense, no sense at all. The universe is meaningless for human beings: We bumped our way into the place by a series of random and senseless biological accidents. The sky is not blue: This is an optical illusion — the sky is black.

This grasp of things is sometimes presented as though based on science, with the implication that we already know most of the important knowable matters and this is the way it all turns out. It is the wisdom of the 20th Century, contemplating as its only epiphany the news that the world is an absurd apparatus and we are stuck with it, and in it.

In this circumstance, we would surely have no obligation except to our individual selves. . .

I cannot make my peace with the randomness doctrine; I cannot abide the notion of purposelessness and blind chance in nature.

But at better times, remembering how skilled our species is with language and metaphor. . .and remembering that nature is by nature parsimonious, tending to hang on to useful things when they really do work, I have hopes for our survival into maturity, millennia ahead.

I am going to cast my vote with Mr. Thomas.

President Lyndon Johnson, to whom this lecture series is dedicated, as a native Texan was keenly aware and sensitive to issues of individual freedoms and responsibilities. Indeed, he has been identified as one of the greatest presidents of the United States in terms of his sense of social equity, his advocacy for civil rights, and his support of enabling policies. Perhaps we can turn to his example for inspiration as we struggle with critical health, social, and political issues that will continue to command our time and attention.

I am grateful to have had this privilege to speak to you, and I thank you for your attention and courtesy.

*Lecture transcribed by Benjamin Hicklin, graduate research assistant, 2007-08*