sterilization advocates, who were particularly active in Asian countries. Dowbiggin describes the development of the strategy for population control in India, which included mass sterilization camps, the use of incentives and quotas, and yet again, a lack of informed consent. By 1977, these tactics led to the downfall of Indira Gandhi's government, which had declared a population emergency and started a forced sterilization program in 1975. Despite the backlash, similar tactics reemerged in India in a short time. Other countries, less well described in this book, also enthusiastically adopted mass sterilization as a means of addressing unmanageable rates of population increase. The advocates of population control who endorsed mass sterilization often neglected the principles of informed consent. Moreover, women's reproductive rights did not enter the discussion until the 1994 Cairo conference on population and development.

Overall, prevalence of the use of contraception has increased enormously during the past 30 years, and sterilization is the dominant method of birth control in only a few countries. Sterilization thus explains a portion of the decreasing birth rates, particularly in Asia and Brazil, but it is rarely the principal, and by no means the sole, explanation — increasing prosperity and increased use of reversible contraceptive methods are far more responsible for the decrease in birth rates.

The "birth dearth," a term used to describe birth rates that are below the replacement rate, appears largely in countries where sterilization is not a major part of contraceptive use. Among developed countries in which fertility is low, sterilization is most popular in the United States, where birth rates remain well above the replacement rate. Dowbiggin's worry that sterilization is directly responsible for birth rates that are below the replacement rate, which he expresses both in the prologue and in the final chapter of the book, is not supported by the data.

Negative population growth is a major new policy challenge for many European countries and for Japan, but sterilization is not the cause of the problem. In contrast, the rapid growth of the populations in many less developed countries is a continuing source of individual misery and a long-standing policy challenge. As this book demonstrates, advocacy of sterilization as a solution to population growth leads to serious problems when that agenda overrides individual values and individual autonomy. Voluntary sterilization, however, deserves its great popularity and will remain valuable as one part of a broader menu of options for family planning.

Carolyn L. Westhoff, M.D.
Columbia University
New York, NY 10032

PRESCRIPTION FOR SURVIVAL: A DOCTOR'S JOURNEY TO END NUCLEAR MADNESS

By Bernard Lown. 436 pp., illustrated. San Francisco, Berrett–Koehler, 2008. $35. ISBN 978-1-57675-482-5.

In *PRESCRIPTION FOR SURVIVAL*, BERNARD LOWN tells the remarkable story of how he and Eugene Chazov, cardiologists whose countries were on opposite sides of the Cold War, created and nurtured the organization International Physicians for the Prevention of Nuclear War (IPPNW) from its inception in 1980 through its receipt of the Nobel Peace Prize in 1985. The writing is crisp and the detail remarkable — Lown takes us through dozens of trips, conferences, and meetings, giving accounts of who said what, noting sources, and explaining how conflicts were resolved. Lown's training as a scientist is evident from his frequent citations of specific albums from his personal archives, which allowed him to reconstruct the exciting story in extraordinary detail.

This is not an autobiography but the story of the formation of an organization. Thus, it is not until midway through the book that Lown explains why, as a world-famous cardiologist and inventor of a cardiac defibrillator, his academic appointment was at the Harvard School of Public Health instead of Harvard Medical School. (After he refused to sign a loyalty oath during the McCarthy era, the medical school refused him employment.)

The Cold War ended almost 20 years ago, which makes it easy to forget how thoroughly ingrained in the American psyche was distrust of the Soviet Union. As Lown puts it, "For Americans raised during the Cold War years the words *Soviet* and *propaganda* went together like hamburger and ketchup." Opposition to the fledgling IPPNW came from some who labeled it a communist front and others who feared that the idealistic physicians who were its members were unwittingly being

Courtesy of Dr. Bernard Lown.

American Cardiologist Bernard Lown and Russian Cardiologist Eugene Chazov, Cofounders of International Physicians for the Prevention of Nuclear War, Amsterdam, 1983.

used by the communists. These sentiments were magnified, rather than quieted, when the IPPNW received the Nobel Peace Prize. The *Wall Street Journal* published an editorial titled "The Nobel Peace Fraud," which began, "The Nobel Peace Prize hit a new low." The *New York Daily News* headline was "Soviet Propaganda Wins the Prize." The *San Diego Union* labeled it "A Tarnished Prize." West German Chancellor Helmut Kohl issued an appeal to the Nobel Committee to rescind the prize.

Today the Cold War is over, but the challenge of organizing against nuclear weapons remains relevant. It is not easy to focus on a single issue, even one as important as nuclear weapons, when other problems and outrages are begging for attention. Physicians for Social Responsibility (PSR) struggles to stay focused on nuclear disarmament when the United States has launched one war of aggression and is threatening to start another. However, the more issues an organization takes on, the more disagreements are likely over priorities and strategies. The many meetings and discussions that are detailed in this memoir convincingly illustrate how difficult it is for like-minded, good people to agree on how to keep working together despite their disagreements.

The most important message I was left with after reading this book is this: the struggle against nuclear weapons was so much harder then. Lown, his colleagues in the IPPNW and PSR, and other activists have done most of the heavy lifting. Around the world, citizens and their leaders now know that a nuclear war would not be survivable, and the vast majority of people support the global elimination of nuclear weapons. Even former "cold warriors" such as George Schultz and Henry Kissinger have called for a world free of nuclear weapons. And yet, in 2008, the United States and Russia still maintain thousands of nuclear weapons on hair-trigger alert. As Lown puts it, "Responsible governments were holding entire nations hostage with a suspended sentence of mass murder. . . . By acquiescing to such policies we were engaging in the most abysmal collective failure of social responsibility. . . . Where was the unrelenting outcry against nuclearism from academic and religious leaders? Where were the voices of moral outrage?"

These questions are even more relevant today, since the administration of President George W. Bush has expanded the strategic role of nuclear weapons from one of deterrence to include possible preemptive use. As physicians in the 21st century, we have the responsibility to contribute to one of the most important goals in history: the global elimination of nuclear weapons. In *Prescription for Survival*, Lown encourages us to help finish the job he and his colleagues at the IPPNW and PSR so capably started — before it is too late.

Thomas B. Newman, M.D., M.P.H.
University of California, San Francisco
San Francisco, CA 94143

EVOLUTION IN HEALTH AND DISEASE

Second edition. Edited by Stephen C. Stearns and Jacob C. Koella. 374 pp., illustrated. New York, Oxford University Press, 2008. $180 (cloth); $85 (paper). ISBN 978-0-19-920745-9 (cloth); 978-0-19-920746-6 (paper).

THIS BOOK INTRODUCES AN EVOLUTIONARY approach to medicine and offers the reader extensive coverage of medical topics to which evolutionary principles can be applied. The book's 23 chapters were written by an international team of 47 leading researchers from the United States, the United Kingdom, France, Switzerland, and New Zealand. This second edition has an extensive, updated bibliography of more than 1500 references, and the chapters are organized into five parts: part 1, an introduction to evolutionary thinking for medicine; part 2, "The History and Variation of Human Genes"; part 3, "Natural Selection and Evolutionary Conflicts"; part 4, "Pathogens: Resistance, Virulence, Variation, and Emergence"; and part 5, "Noninfectious and Degenerative Disease" (which includes aging). There is also a detailed