

and investigated food hygiene across Ireland, and internationally, throughout his lengthy career. He was central to the networks of knowledge of food hygiene and analysis discussed by Hardy.

Linked to this, certain other potentially important topics are given surprisingly short shrift. For instance, Hardy mentions anger among shellfish traders as science began to castigate their business as unhygienic and blame them for transmitting typhoid. Yet the issue of the relationship between food businesses and the emerging food sciences of the late nineteenth century is much vaster than this and deserves far more credit in Hardy's narrative. Given that Dublin (as Hardy briefly acknowledges) was viewed as a hotbed of typhoid precisely due to its lively shellfish trade, comparison of different regions of the United Kingdom would again have been beneficial, and could have been used to replace the large amount of science-focused detail provided.

Overall, *Salmonella Infections* is a worthy attempt to draw the issue of food poisoning to the attention of medical historians. It will prove relevant to readers with an interest in nineteenth- and twentieth-century science and public health. Hardy's narrow focus will lessen the appeal of her book to researchers engaged in interdisciplinary disciplines such as food studies. The book is generally well written, although there are typographical errors and the chapter titles are problematic. Surely a better title than 'things with wings' could have been found for a chapter on how flies and birds transmitted disease?

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Guillaume Lachenal, *Le médicament qui devait sauver l'Afrique: un scandale pharmaceutique aux colonies* (Paris: La Découverte, 2014), pp. 240, paperback, €18, ISBN: 9782359250879.

There is no shortage of books that explore the history of colonial medicine in Africa. Most of them revolve around a particular colonial empire – usually before the Second World War – or more often yet, they focus on a particular disease. In *Le médicament qui devait sauver l'Afrique*, however, Guillaume Lachenal gives us something new: a tale of imperial scientific hubris turned deadly colonial folly (*bêtise*) told through the lens of another story: the story of a drug called Lomidine. Once called a 'wonder drug' – believed to prevent against sleeping sickness – Lomidine (or pentamidine) was administered across wide regions in sub-Saharan Africa where the disease was endemic. In a mere matter of years, however, the more sinister effects of the drug were rapidly becoming apparent. In the heyday of its use, numerous people died of complications associated with Lomidine injections. Further tests in the 1960s revealed the drug to be not only ineffective, but hazardous as well.

In this book, Lachenal asks: knowing what we do today about this drug's 'dangerous uselessness', how can we understand the enthusiasm – obsession even – with which colonial doctors pursued the 'lomidinisation' campaigns of the 1950s? In what ways was this drug a tool of colonial power, as well as a site of both colonial edification and contestation? And finally, in what ways did imperialism shape the history of modern biomedical science in Europe after the Second World War? *Le médicament qui devait sauver l'Afrique* argues that in the context of post-war colonial Africa, the imperial compulsion for modernisation – and in the case of sleeping sickness, eradication –

triumphed over reason, professional ethics and the protection of the lives of the populations in question. It is a case study of colonial contradiction, failure and folly, all integral aspects of the imperial story that few historians have been willing to take on. Drawing on archives from France, Britain, Belgium, Senegal and Cameroon, Lachenal's book traces the 'biography' of Lomidine throughout the years.

The book begins where the story ends: with a survey of the 'imperial debris' left behind by this pharmaceutical scandal. From the ruins of the Rhodia factory, where Lomidine was produced, Lachenal takes us back to the origins of the 'wonder drug' in the laboratories of interwar Britain, following the story from experimentation in the Belgian Congo to production in France. In these chapters, Lachenal argues that colonial empires were never peripheral to the development of modern biomedical science, and that colonial medicine was inherently transnational in nature – in ways that few historians have successfully demonstrated.¹ Chapters three to five explore the implementation of the Lomidine campaigns in sub-Saharan Africa, exploring the colonial obsession with eradication and the first inklings of trouble. Initial 'incidents' with the drugs were linked to 'native weakness' (*faiblesse indigène*) or 'vagosympathetic instability' on the part of patients. Chapter six contextualises the Lomidine campaign in the broader political landscape of post-war empires, where the consent of the individual had become an indispensable component of the new colonial project. Yet coercion and violence persisted, especially in an era when more and more Africans refused to submit to compulsory vaccination campaigns. 'Sanitary citizens', according to colonial health officials, were ones who would protect themselves – and their communities – against the threat of sleeping sickness. The following chapters trace the story of the 1954 'accidents' in Yokadouma and their aftermath. For the first time in the history of Lomidine use these accidents called into question both the safety of the drug as well as broader 'social, racial, moral, and epistemological hierarchies' (p. 148). In the final section of the book Lachenal argues that the incidents at Yokadouma should not be taken as anomalies; rather they should be viewed as windows into the inefficiency and incoherence of colonial governance.

Perhaps the greatest asset of the book is the way Lachenal is able to make the most mundane of encounters come alive for his reader: scientific meetings, technical encounters in a laboratory or vaccination tours in rural Cameroon. Second only to Lachenal's marvellous storytelling ability, another strength of this book is his ability to guide the reader through an intricate web of scientific expertise, industrial production, racial ideologies and lived daily experience that connected seemingly disparate points of the globe: Brazzaville, Liverpool, Gribi, Brussels and Besançon. Linking the history of different colonial empires in a way that few historians have, Lachenal reminds us that no colonial venture played out in a vacuum, and that the colonial histories of different empires intersected in interesting and often unexpected ways. Highly readable, Lachenal's book should not be missed by historians of science, colonial medicine or internationalism, or by anyone looking to understand the foundations of the current public health crisis in Africa today.

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¹ One of the most interesting exceptions is Deborah J. Neill, *Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890–1930* (Stanford, CA: Stanford University Press, 2012).