

of open heart surgery. The rapid adoption of open heart surgery is indicated by the 8792 operations in 290 hospitals in 1961 in the United States.

The presence of many heart disease patients in hospitals led in the 1960s to the establishment of coronary care units, which were based on intensive care units. These required electronic monitoring equipment, highly skilled nurses, and cardiac arrest teams.

Coronary angiography in the 1960s used catheters to introduce a contrast medium in the coronary arteries that enabled x-rays to show blockages of the arteries. This led to operations to remove the obstruction, at first using coronary artery bypass graft surgery (CABG) that became popular in the 1970s. The versatility of the coronary catheter was demonstrated when a balloon was placed in its tip and expanded at the site of a coronary artery blockage to restore blood flow. Angioplasty was widely adopted in the 1980s and was also used to open obstructed heart valves. The subsequent reocclusion of arteries led to the use of catheters to place metal mesh stents inside the arteries. In the 1980s, drugs became available that dissolved clots that occluded arteries and they became very popular.

Computers permitted a better understanding of heart rhythm disorders and transistors enabled the development of devices that provided various types of electrical stimulation to the heart to restore normal rhythms. Implantable pacemakers were developed in the 1970s, and followed by implantable automatic defibrillators in the 1980s.

The invasive nature of diagnostic catheterisation and angiography led to use of less invasive techniques beginning in the 1980s. Electrocardiography showed cross-sectional slices of the heart. Other methods included radioisotopes, computerised tomography scans and magnetic resonance imaging.

Heart transplants were a method of treating heart disease first used in the 1970s, but they were uncommon because of the high cost and low success rate.

The prevention of heart diseases became a concern about mid-century, but Fye states that 'heart specialists devoted little time or energy to prevention' (p. 473) because they were too busy with diagnosis and treatment. Drug treatment became available to treat hypertension. Concern with cholesterol in the blood led to programs to reduce dietary cholesterol and later to the statin drugs. Attention was given to the dangers of cigarette smoking and the importance of physical activity.

This book contains detailed and readable descriptions of the development and utilisation of many methods of diagnosis and treatment of heart diseases in the United States. Technical terms are explained and topics are described individually to permit selective reading. The focus is primarily on the introduction of the methods rather than their general adoption and associated problems. The book includes considerable discussion of internal organisational and personnel matters at the Mayo Clinic.

Caring for the Heart is an extraordinary achievement that is an essential source of information about heart diseases, which were the primary causes of adult deaths in advanced countries in the twentieth century. It deserves the highest praise.

William G. Rothstein

University of Maryland, Baltimore County, USA

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Anne Hardy, *Salmonella Infections, Networks of Knowledge and Public Health in Britain 1880–1975* (Oxford: Oxford University Press, 2015), pp. x+249, £60, hardback, ISBN: 978-0-19-870497-3.

In *Salmonella Infections, Networks of Knowledge and Public Health in Britain 1880–1975*, Anne Hardy provides an overview of how salmonella infections were understood

and managed as a public health problem in the late nineteenth and twentieth centuries. She discusses how infections spread via eggs, flies, meat, milk and shellfish. Hardy also pays much attention to the laboratories where scientists investigated the causes of salmonella poisoning and built an international research network based upon interest in the problem. In addition, she examines the various sites in which food poisoning occurred. *Salmonella Infections* investigates the intersection between animals and humans, and the ways in which food poisoning became understood as laboratory medicine evolved and germ theory became accepted.

In her introduction, Hardy makes a case for the historical significance of salmonella. While she convincingly points out that a lot of people have suffered from the problem (in both the past and present), the rationale provided for the importance of the subject to medical historiography is rather weak. Moreover, the methodological approaches adopted in *Salmonella Infections* seem somewhat under-ambitious in an era when medical historians are increasingly turning towards more exciting interdisciplinary research avenues and engaging with medical communities in interesting ways. The main focus here is on science and scientists, which is disappointingly limiting. Hardy pays scant attention to personal experiences of food poisoning or being patients. But much information is provided on scientific investigations, laboratory workers and expert ideas on salmonella based primarily on scientific books and articles, as well as public health reports. More personal accounts drawn from sources such as diaries might have added more depth and human interest to this study.

This emphasis on science also means that themes of major interest are missing. Hardy barely discusses domesticity and gender, despite the centrality of food hygiene to the early-twentieth-century drive for improved infant welfare in an era when the 'gospel of germs' was spreading. Indeed, gender is a remarkably curious omission in a book about food production and consumption. For instance, Hardy persuasively argues that anxieties about flies transmitting disease via food arose once germ theory had gained acceptance. Yet she fails to consider how this affected domestic life, does not acknowledge the new ways in which housewives were encouraged to think about food preparation and ignores the shifting hygienic practices which become encoded in early-twentieth-century cookery. Restaurants are discussed in more depth. Public health is a further important component of this study. Hardy observes that although scientists eagerly sought to persuade the public (and food producers) that hygiene was of utmost importance, they could only do so much when faced with scepticism, disinterest and socio-economic priorities. Although accurate, this is not a particularly new claim given the prominence of this line of thought in pre-existing histories of food science.

In her introduction, Hardy admits that although her focus is on Britain, *Salmonella Infections* does not fully explore all of the components of what then constituted the United Kingdom, specifically Ireland and Scotland. In fact, her main focus is on England, not Britain. This is a shame. For instance, closer investigation of Ireland could have facilitated an intriguing comparative case study, given the importance of food to nineteenth-century Irish history. Modern food cultures developed in contrasting ways in England and Ireland. Research into food hygiene pursued by Dublin's prolific Medical Officer of Health, Charles Cameron, is cited only once. A quick glance through the pages of publications such as the *Dublin Journal of Medical Science*, as well the British publication *The Analyst*, would have revealed that Cameron had much more to say on matters such as shellfish consumption and the transmission of disease through food consumption. Cameron also left a considerable amount of archival research detailing the ways in which he promoted

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?

Ian Miller

University of Ulster, UK

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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 –