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Colonial Entanglements on Film

ANGELA SAWARD

This article looks at some of the issues in using colonial-era film archives for historical research, focusing on several films shot in the 1930s–1950s from Wellcome Collection, a free museum and library exploring health and human experience based in London, United

Kingdom.¹ Within the collections are many stories, some untold, referencing the organization's direct and indirect colonial entanglements, which are only now being explored in depth. Owing to the organization's links with Henry Solomon Wellcome (1853–1936), an

American, who founded a pharmaceutical business, then collected at scale all things medical, medical professionals are well represented in the collection. This bias is not surprising, these medics and doctors having been granted privilege historically in terms of wealth and status; they have created an exponentially large canon of archival material across many formats, reflecting their influence. Furthermore, geographically, medicine is borderless and a passport to normally inaccessible people and places for these professionals.²

As a research development lead at Wellcome Collection, I had the opportunity to share this research virtually “on tour” in spring 2021 at a panel for the Royal Anthropological Institute’s Film Festival on colonial “Interrogations and Interventions,”³ then as part of the “Borders and Borderlands: Conversations and Documentation” stream during the Association of Moving Image Archivists’ (AMIA) annual conference. This article covers some of the same ground in my original presentations, with some additional research, although its focus will be on a smaller selection of films (leaving details of Henry Wilburn Ferguson’s circa 1957 thirty-minute sound color film *The Jivaro and His Drugs* for another time, with its complex entanglement between Ferguson, an American, and the Shuar community of Ecuador, known for their practice of creating *tsantsa*, shrunken heads).⁴ In viewing these films, I have discovered that narratives on “colonial” encounters have to be reconstructed: these narratives require skill from the archivist in contextualizing them and then from the viewer in processing them—largely because filmmakers are storytellers, and sometimes “truth” does not make for pleasing footage. Paradoxically, after the passage of time, “banal” encounters can expose ideologies, such as power asymmetries, present at the time of colonial rule during the British Empire, for instance. In looking at these filmed encounters, I question the role of the medical professionals living during this period by appearing and participating in these works. By using a series of films from the collection to explore these issues, I question their role: were they tourists, prospectors, or witnesses? In so doing, I have taken material from a range of genres from the collection; corporate information or sponsored films and a

surprising cohort of amateur films that nestled, seemingly harmlessly, in the collection with its narrative of traveling the world in comfort. In this essay, I endeavor to illustrate that within this innocuous-seeming material is a powerful story of colonialism.

THE STORY OF THE WELLCOME FOUNDATION LTD, 1955

The roots of the museum and library now known as the Wellcome Collection⁵ are in the pharmaceutical and consumer goods business established by Wellcome. The museum and library were established as a result of his will. As noted already, he was an American by birth who traveled widely for business before settling in the United Kingdom with his business partner, Silas Mandeville Burroughs, and establishing Burroughs, Wellcome & Co.⁶ The three screen grabs in Figure 2 are taken from a digitized 16mm color sound film, a distribution print, that was made to celebrate the business Wellcome had established and its evolution in the 1950s, decades after his death. This twenty-eight-minute nontheatrical film was distributed for free to interested parties and explains the roots of the business and its current, for the time, research interests. The animated maps reference the growth of the business internationally along colonial lines. One colonial entanglement, relating to the company’s many product lines, was a face cream developed to appeal to local consumers; the middle screen shot is of Hazeline Snow, a cream with a pink tint designed for consumers in Asia to change their natural skin tone. This image illustrates how racial stereotyping was already entrenched commercially for profit (and persists still).⁷

Another colonial bias of the business relates historically to the way power imbalances have evolved from the Global North to the detriment of the Global South. For instance, the United Kingdom prospered not only by developing (and sometimes prospecting for) new medicines but also by supporting the colonization of these territories by, for example, producing veterinary medicines for non-Indigenous livestock vulnerable to disease, enabling colonizers to survive and creating dependencies between the colonizers and the colonized that



persisted for many years after independence. The archives in Wellcome Collection reflect this, and related films about veterinary medicine have been little researched, yet these films demonstrate not only the global dominance of the pharmaceutical business itself but also the means by which it supported colonialization.

The following examples are films donated to the collection in 2016 that relate to Coopers, a veterinary pharmaceutical business, which had been acquired in the 1960s by the business side of the organization but later sold, with the historical archives remaining in the collection. The three films in Figure 3 purport to tell the story of success in the “battle” against parasites in the creation of wealth from hides, milk production, wool, or meat, but they also tell us that the “fight” to combat the ox warble in North America and introduce non-Indigenous Angora goats to southern Africa and sheep to Australia needed considerable resources—initially as an outlay in chemicals to treat the livestock, then as labor to manage them. This introduction ultimately led to the displacement of Indigenous animals and people. More recently, it has become apparent that the legacy for contemporary communities in these former colonial territories has been of environmental damage in the twenty-first century as we experience climate change from, for example, soil erosion from overgrazing and redirecting natural water sources.

WELLCOME'S "ORIGIN" STORY

The origins of the museum and library as set out in Wellcome's will came from his passion for the history of medicine, which has a global history encompassing Asia, Africa, and the Americas; his interest piqued perhaps for

Figure 2. Screen grabs from a digitized copy of *The Story of the Wellcome Foundation Ltd* (1955), 28 min, color, sound. Wellcome Collection, United Kingdom.

aesthetic or research purposes—or to provide inspiration for the design and marketing of his consumer products. His collecting was ambitious and “omnivorous” to illustrate the history of man, encompassing all kinds of material, including ephemera such as medicine labels, furniture and furnishings from pharmacies, and books, archives, and manuscripts. An estimated one and a half million items were provided in an account of Wellcome's life written in 1980,⁸ although after a series of dispersals after his death in 1936, this number is impossible to corroborate owing to the scale of his collecting. Purchases were also carried out at his behest by agents.⁹ An account of his life describes this as “collection-mania.”¹⁰ As a young man, in the 1870s, Wellcome had traveled to South America as an agent to a pharmaceutical company in pursuit of cinchona, used in the production of quinine, one of the few effective treatments for malaria, which had originated from Indigenous knowledge at the



time of the Spanish colonialization of South America in Ecuador and Peru. This journey predates film, although there are a few photographs. Wellcome considered it formative, and an account of his encounter with a man described here as an “Indian” (a man from an unnamed Indigenous Amazonian community) was published as part of the proceedings for the annual general meeting of the American Pharmaceutical Association, held in Indianapolis in 1880.¹¹ “An old Indian while relating to me the dangers encountered in collecting cinchona bark, said that at the time of the Spanish conquest his people were robbed of their possessions, had since then served as slaves, and are now made human sacrifices to furnish health to the white foreigners.” No history of Wellcome is without some reference to his empathy for Indigenous peoples, although here he contributes to the disenfranchisement that started with settler violence and was then perpetuated by the imposed colonial structures. Wellcome, with his nineteenth-century sensibility, observed the predicament these people were in, but through carrying out his duties as an employee, he is also an agent to the situation. He is both a witness to their plight and also a prospector involved in their exploitation. Unfortunately, there’s no way to gauge the accuracy of his account either, certainly not scientifically. In terms of agency, when working with Indigenous communities today, we would look at oral histories from a range of stakeholders. This is not available to us from the distant nineteenth century, and scholarship would indicate that we treat historical accounts, however rare, with caution. Furthermore, is it even a true memory, even when looking at the finer details in the recollection (running to seventeen pages)?

Figure 3. Screen grabs from digitized copies of three films originating from a veterinary pharmaceutical company, Cooper McDougall & Robertson Ltd. A, Digitized films *The Ox Warble: A \$50,000,000 Tune* (1926, U.S. Department of Agriculture), 10 min, silent, black and white. B, *Sheep and Cattle Facts for Farmers* (1928, Cooper Technical Bureau, United Kingdom), 12 min, silent, black and white. C, *The External Parasites of Sheep* ([1950s], William Cooper & Nephews Pty Ltd, Australia), 16 min, color, sound.



Figure 4. Screen grab from a digitized copy of *The Story of the Wellcome Foundation Ltd.* According to company lore and included in the commentary for the film, when Henry was a boy, he discovered a flint arrowhead and was told it was a prehistoric weapon—this was the first artifact he collected.

D-TUBOCURARINE (1947)

The first film ever made by the Wellcome Foundation Film Unit (part of the business arm of the organization) after Wellcome's death in 1936 was *D-tubocurarine (1947)*¹² and relates to the marketing of a curare-derived drug for ECT, or electroconvulsive therapy. ECT was used to treat a variety of mental illnesses before drug-based treatments came into favor in the late 1960s. The film shows actual patients treated with (and without) the drug experiencing ECT, making unsettling viewing—the treatment is still highly controversial. The film also shows objects acquired from South America, where Wellcome developed his business contacts, that are similar to those he would have plausibly collected in his lifetime as a result of his travels to the region in the 1870s. It goes on to show the detailed presentation of the natural history of curare and of its physical chemistry, experimental pharmacology, ob-

served physiological effects, and major clinical applications. Maps feature once again in the opening sequences, demonstrating the entanglement between cartography and colonialism. The screen grabs in Figure 5 show the objectification of Indigenous knowledges separated from their creators, becoming decontextualized museum objects. This cultural appropriation is another form of prospecting, as it feeds into ideologies around colonial power, such as the Amazon being an “empty” and mysterious land. Once this idea had lodged in the consciousness of settlers, illustrated by the oversimplification of vast geographies in the film’s opening animation, it was used to support the colonial authorities’ views that nomadic peoples were not only invisible but also not entitled to landownership.

After Wellcome’s death, ethnographic objects formed the basis of the museum collection (although much nonmedical material was dispersed post–World War II, with the Science



Museum currently holding the majority of the medically related 3-D objects).¹³ The museum and library had an awkward relationship with the business enterprise, as Wellcome's will had envisaged that the museum would be supported by the profits from the business, which were not forthcoming for a variety of reasons—postwar excess profits taxation, unprofitable product lines, and then death duties to pay (although the American manufacturing side of the business was a notable exception, with its successful marketing of Empirin, aspirin, branded for the American market, the profits of which bolstered the British side of the business).¹⁴ In terms of new drug discovery to further the businesses' profitability, to leverage Wellcome's historical links to the Amazon, in the 1930s, its laboratories developed D-tubocurarine for use as a muscle relaxant developed from samples of curare derived from tree bark and used in arrow poison by Indigenous peoples of that region. The curare derivative caused immobilization and was used for deep tissue surgery. Then, a novel use emerged treating muscle wastage caused by polio.¹⁵ The uses of curare could be considered a serendipitous discovery by settler communities in the past, but its subsequent exploitation would now be considered bioprospecting, as Indigenous knowledge has been mined for the benefit of business based elsewhere in the world.

BMA WORLD TOUR (1935)

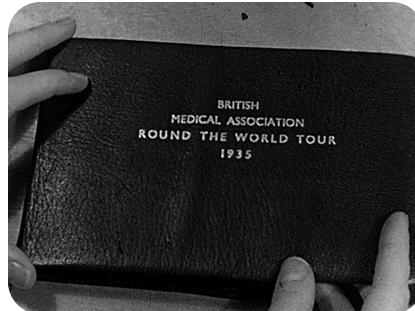
Arguably the turning point for an organization dedicated to medical professionals, the British Medical Association (BMA) came in 1935 as a result of their tour and 103rd annual general meeting in Melbourne, Australia. Hundreds of doctors and their families, members of the



Figure 5. Screen grabs from digital copies of the opening sequence of *D-tubocurarine* (1947, United Kingdom), a silent, twenty-three-minute promotional 16mm film in color showing contextualizing images of, A, the geographical origin of curare in South America; B, an array of Indigenous blow pipes and poison carriers; and, C, the refined product marketed by Burroughs Wellcome.

BMA, circumnavigated the world to assert their authority to the membership diaspora. Melbourne was chosen owing to its colonial links and the hundredth anniversary of its founding. Along the way were meetings and carefully curated encounters with local communities—all captured on film. As a result of the tour, the “surprising” discovery by the London-based head office was that non-U.K.-based members wanted to decentralize the organization away from London.

The travels were not only chronicled on film; they were published in book form, a copy of which is held at Wellcome Collection (it has passenger lists and some photographs of the



sites visited).¹⁶ Wellcome Collection also holds a personal diary of the journey by Katherine Harman,¹⁷ wife of Nathaniel Bishop Harman, who was treasurer of the BMA and instrumental in organizing the trip. Katherine Harman wrote extensively about gardening and her creature comforts (she was aged about sixty-two at the time of the journey and had qualified as a doctor herself) but expressed a number of racially biased views about her encounters with people on the tour who were not part of the medical entourage, in particular, the American Indian community at Isleta Pueblo (although her hauteur also extended to immigrant communities living in Chinatown and Brooklyn in New York City).

The organizational logistics for the tour were arranged via Pickfords Travel with two main traveling itineraries: one via New York across the country and the other via Canada for those travelers who wanted to "travel British."¹⁸ These travels were captured on black-and-white 16mm silent film and were presumably available to purchase as a customizable set, depending on which itinerary was followed (sets intermittently appear on the auction site eBay). Both sets have been digitized by Wellcome Collection and are available to view online (Figure 6). Each film reel is a composite of footage, possibly from a variety of cameras of the people and places visited for each leg of the tour. The actual general meeting in Melbourne is not captured on film, although the proceedings were comprehensively recorded and later published over a series of months (from September 14, 1935, onward) in the *British Medical Journal*, with each medical "section" or medical specialty providing details of their discussion.

Homing in on one filmed visit on the tour in particular, the traveling doctors disembark from their trans-American train and fleetingly

Figure 6. Screen grabs of the opening sequence with, A, a diary of the tour; B, intertitle; and, C, traveling via map from the black-and-white, silent, digitized 16mm film *BMA World Tour, Part 1* (1935, United Kingdom), 15 min. Films donated by the British Medical Association to Wellcome Collection, 2005.

visit a seemingly deserted village at Isleta Pueblo, New Mexico, before traveling on to the Grand Canyon and beyond. The travelers, throwing off their formal traveling attire, are now wearing some of their recent purchases (beads and silver belts) and interacting with local children. The older villagers appear conflicted about their interactions with the tourists, proffering handcrafted souvenirs yet looking warily on as they are filmed. The tourists' visit takes place during the day, when adults are at work or resting, so the village appears devoid of people, their culture or society. The visit may have been of only marginal interest to residents, but some of the community would have experienced seismic displacement and marginalization of their communities due to white settler oppression in their lifetimes.



MEETING THE FILMMAKER'S GAZE

Some decades prior to the BMA World Tour, Edward Curtis, an earlier pioneer of ethnographic photography in the United States, began to capture “disappearing” communities photographically (he also captured ethnographic sound and made a film). His encyclopedic and in many ways problematic work *The North American Indian* had started in 1899 and ran to about 1930. It was a vast anthropological study that recorded Indigenous communities across North America and Canada, including these Pueblo communities. It followed closely in the wake of settler expansion across the continent.¹⁹ In the context of reports of some of Curtis’s original Native American sitters refusing the “opportunity” to be captured on film, we can understand the wary, indifferent, or emotionless expressions of the people captured by this film. They are claiming some agency, and it is not inconceivable that these elders could be survivors of multiple contacts by anthropologists, researchers, and tourists. Unsurprisingly, some people appear inscrutable, returning the filmmaker’s gaze (Figure 7).

As a 16mm camera would have been affordable on a doctor’s salary, the film footage used in the BMA World Tour films is likely to have comprised a compilation of footage sourced from various travelers edited together. The same filmed sequences are repeated in the different filmed tours—so the film record is a composite of encounters rather than one forensically true of a single experience. The encounter at Isleta Pueblo is unusually intimate and unmediated versus the other cultural meetings on the tour, which are very much constructed for the appetite of tourists (for example, the presentation of leis upon arrival in Hawai‘i and



Figure 7. Screen grabs from *BMA World Tour, Part 1a, Across America* (1935, United Kingdom), 13 min, black-and-white silent digitized 16mm film. Films donated by the British Medical Association to Wellcome Collection, 2005. A, Arrival at Isleta Pueblo by train. B, A traveler interacting with children. C, An American Indian woman from the Isleta Pueblo community. <https://www.isletapueblo.com/about-us/>.

a demonstration of hula dancing at a hotel with audience participation in Part 3).²⁰

THE END OF EMPIRE?

The encounters are problematic considering what the BMA stood for at the time the films were created: it was a centralized and authoritarian organization entangled in the British Empire with a global membership of thirty-five thousand in 1935. Reflecting a shift in world power and a move to self-governance, the members from these territories, whether immigrants or born there, were now seeking



greater autonomy. The arrival of many BMA members in Australia, for instance, was on one hand an exercise in diplomacy, with the proposed gatherings forecasted to “keep the life blood of the Empire circulating,” and on the other a show of power. In the same year just prior to the tour, a luncheon for overseas visitors in London took the topic of “Medicine and Empire” as its theme, indicating the deeply rooted entanglement between medicine and colonial rule.²¹ Subsequently, reflecting on the impact of the tour on the return journey, BMA president Dr. S. Watson Smith wrote about its importance in an article penned on board the *SS Rajputana*: “in the course of the century of its existence, no single year can have been so important to the welfare of the British Medical Association as 1935, the year of the first World Tour.”²² Furthermore, he hinted at some of the cracks in the unity of the membership: “to be progressive, we must give greater attention to local conditions and needs and to organizing, granting at the same time a greater measure of autonomy and conceding what is reasonable to the various Branches and Divisions abroad.”

We can surmise that the BMA leadership were taken by surprise at the level of debate that had ensued in Melbourne, evidenced by the replacement of “Empire” for the word “Commonwealth.” Other controversies had raged at the general meeting as well: *tropical medicine* was found to be a contentious term, the homogenization of medicine was argued against, and a debate on the downfall of Western civilization was held. Thoughts about the future of the BMA were sharply brought into focus by the group’s visit to India on the return journey. A large contingent of Indian BMA members met with their British counterparts. Then, on the dockside in Mumbai (then Bombay), a

Figure 8. Screen grabs from meeting BMA members in Mumbai (then Bombay), A, at the docks; B, in Italy, making the headlines; and, C, in Egypt as “tourists” from *BMA World Tour, Part 6* (1935, United Kingdom), 17 min, black-and-white silent digitized 16mm film. Films donated by the British Medical Association to Wellcome Collection, 2005.

poster on a newspaper stand displayed the news of the day: that Italy had invaded Ethiopia (then Abyssinia) in an act of colonial aggression (Figure 8).

The series of black-and-white silent amateur films representing the outward and homeward journeys, official visits, and stops at various tourist destinations for the traveling doctors provide virtually no clue as to the overarching historical narrative on “colonial” medicine; it must be completely reconstructed from other written sources. This speaks to the difficulty in much audiovisual provenance research, which requires delving into records held in different parts of the archive or even in other archives elsewhere, as film frequently becomes dissociated with

all the pertinent records. The members of the BMA who circumnavigated the globe may have considered themselves tourists: this journey featured places with powerful ties to the British Empire, but the travelers discovered a less united organization than they had anticipated, and within a decade, World War II precipitated further change, with former colonies asking for independence and the influence of an association based in London waning.

CONCLUSION

Medicine, with its associated occupations, is a bounded disciplinary domain.²³ Doctors have policed access to information about people's health for centuries based on the assumption that knowledge brings harm, and even within medicine, there are silos of knowledge based on medical specialty that operate in isolation. Medical professionals traveled freely during the colonial period of the British Empire: asymmetrical power imbalances seem to be hardwired within the profession and seeped out across the empire, thoroughly endorsed by both government and business.

Henry S. Wellcome, one of the travelers cited here, was free to cross geographical borders by dint of status and colonial power infrastructure. Although he laid claim to preserving Indigenous rights (among other things), his testimony (if true) is from the distant nineteenth century. How can we evaluate these claims when his business was clearly created upon colonial dependencies? On balance, although a witness to the exploitation caused by cinchona harvesting, his role was that of a prospector, to exploit the opportunities he found and create his own business network or empire. The well-heeled doctors who enjoyed the round-the-world tour in some comfort aboard cruise liners and other modes of transport flipped between being tourists and witnessing in relative proximity (the route from Mumbai took the travelers via Aden toward the Suez Canal, close to Ethiopia) one of the first of several "shocks" to the colonial project as other powers vied for global supremacy, ultimately leading to the Second World War. They became witnesses to the beginning of the unraveling of the British Empire and the decentering of their global influence.

Angela Saward (she/her) has been working with audiovisual archives for many years, researching, licensing, and managing the curatorial life cycle of audio, film, and video. Currently she is in the Curatorial and Public Practice Group at Wellcome Collection, London, working with Wellcome's unique and distinctive collections across many formats, supporting colleagues and cross-cultural partners but with a special emphasis on film and sound. She serves on the Steering Group for London's Screen Archives and is an active member of FOCAL and AMIA. She is studying for a PhD in media on medical filmmaking as a "hidden cinema" and has a business master's in media technology (MA MTA) and a first degree in English literature.

FILMOGRAPHY²⁴

BMA World Tour, Part 1, 1935, <https://wellcomecollection.org/works/yxnrxem9>

BMA World Tour, Part 1a, Across America, 1935, <https://wellcomecollection.org/works/v747ecq6>

BMA World Tour, Part 6, 1935, <https://wellcomecollection.org/works/agwskkft>

D-tubocurarine, 1947, <https://wellcomecollection.org/works/dkrm6u4b>

The External Parasites of Sheep, [1950s], <https://wellcomecollection.org/works/dsczm95s>

The Ox Warble: A \$50,000,000 Tune, 1926, <https://wellcomecollection.org/works/mthynqqk>

Sheep and Cattle Facts for Farmers, 1928, <https://wellcomecollection.org/works/a95ep9ct>

The Story of the Wellcome Foundation Ltd, 1955, <https://wellcomecollection.org/works/kx86s3eq>

NOTES

1. <https://wellcomecollection.org/about-us>; see Angela Saward, "Just Breathe . . .," *The Moving Image* 20, no. 1–2 (2020): 208–25.
2. This article is based on a series of presentations I gave to internal and external audiences originally titled "Medics on the Move," 2019–21.

3. <https://nomadit.co.uk/conference/raiff2021#10116>; the Royal Anthropological Institute sought contributions from film and audiovisual scholars, researchers, creative practitioners, and archivists working in and with colonial film archives as a means of interrogating colonial histories.

4. <https://wellcomecollection.org/works/yxwar8qj>.

5. See <https://wellcomecollection.org/> for an institutional view or https://en.wikipedia.org/wiki/Wellcome_Collection for a more unbiased summary.

6. <https://wellcome.org/who-we-are/history-wellcome>.

7. Vox, “Why the Market for Skin Whitening Is Growing,” YouTube video, January 4, 2018, <https://www.youtube.com/watch?v=Cjzvvgmg1NU>.

8. Helen Turner, *Henry Wellcome: The Man, His Collection and His Legacy* (Guildford, U.K.: Wellcome Trust and Heinemann, 1980), 2.

9. Paira Mall, an agent with contacts in India and Asia, springs to mind. His fifteen years traveling and acquiring material in Wellcome’s service up until the early 1920s raise questions around colonial complicity. Colleagues at Wellcome Collection, Drs. Alexandra Eveleigh and Adrian Plau, are interrogating these complex asymmetric relationships in an as yet unpublished paper titled “Colonial Complicity or Conflicted Identity? Peter Johnston-Saint, Paira Mall and the Making of Wellcome’s Collections from South Asia.”

10. Robert Rhodes James, *Henry Wellcome* (London: Hodder and Stoughton, 1994), 347.

11. Henry S. Wellcome, “A Visit to the Native Cinchona Forests of South America,” 1880, American Pharmaceutical Society, <https://wellcomecollection.org/works/p784r48c>.

12. The name of the product derives from *tube* plus *curare*.

13. <https://www.sciencemuseum.org.uk/see-and-do/medicine-wellcome-galleries>.

14. A. Rupert Hall and B. A. Bembridge, *Physic and Philanthropy: A History of the Wellcome Trust 1936–1986* (Cambridge: Cambridge University Press, 1986), 48–50.

15. See *Curare in the Treatment of Poliomyelitis* (1946), <https://wellcomecollection.org/works/dg67w88z> (links to the requestable video copy are accessible on-site and not currently online).

16. S. Watson Smith, *The Chronicle of the First World Tour of the British Medical Association: With a Record of Events Occurring during the 103rd Annual Meeting of the Association, Held in the Month of September, 1935, at Melbourne, Australia also Seriate Photographic Illustrations, and Articles Written, by Members of the Expedition* (Bournemouth, U.K.: Richmond Hill, 1935). See <https://wellcomecollection.org/works/t5pffqft>.

17. “Harman, Katherine, (fl.1935), wife of Harman, Nathaniel Bishop, F.R.C.S. (1869–1945),” <https://wellcomecollection.org/works/u7qubmq2>.

18. Canada was considered to be a British Dominion at the time; “To Melbourne and Back: Part I—Across the U.S.A.,” *British Medical Journal*, February 9, 1935, 263. Wellcome Collection doesn’t have a film copy of this itinerary, although it is described in detail in “To Melbourne and Back: Part II—The Canadian Route,” *British Medical Journal*, February 23, 1935, 363.

19. A summary of Edward Curtis’s work as seen through the lens of writer and historian Gilbert King can be found in “Edward Curtis’ Epic Project to Photograph Native Americans,” *Smithsonian Magazine*, March 21, 2012, <https://www.smithsonianmag.com/history/edward-curtis-epic-project-to-photograph-native-americans-162523282/>; a comprehensive survey of Curtis’s photography, sound recordings, and cinematographic work, from a range of scholars, practitioners from the academy, and Indigenous communities, is in Brad Evans and Aaron Glass, eds., *Return to the Land of the Head Hunters* (Seattle: University of Washington Press, 2014).

20. <https://wellcomecollection.org/works/htm4kqnm>.

21. “Medicine and the Empire: BMA Luncheon in London,” *British Medical Journal*, July 6, 1935, 29. The guests who attended the informal luncheon party in London on June 27, 1935, were Mr. G. M. Huggins, Prime Minister and Minister for Native Affairs, Southern Rhodesia; Colonel the Hon. Herbert Bruce, Lieutenant Governor of Ontario; Sir Stanley Argyle, late Premier, Treasurer, and Minister for Health

Victoria; Sir Harry Batterbee, Assistant Under Secretary of State, Dominions Office; Sir Thomas Stanton, Chief Medical Adviser to the Secretary of State for the Colonies; Dr. E. Kaye Le Fleming, Chairman of the Council, and Dr. S. Watson Smith, President of the BMA.

22. “The World Tour and the Future,” *British Medical Journal*, November 9, 1935, 913.

23. John Nott and Anna Harris, eds., *Making*

Sense of Medicine: Materiality and the Reproduction of Medical Knowledge (Bristol, U.K.: Intellect, 2022), 160.

24. All films accessed October 5, 2021, courtesy of Wellcome Collection. A YouTube playlist, “Medics on the Move,” has been created to accompany this article: <https://youtube.com/playlist?list=PLXAu4-YhH76b84yDCWbybcot6GP8OMVp1>.