Double trouble: French colonialism in Morocco and the early history of the Pasteur institutes of Tangier and Casablanca (1895-1932)

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SUMMARY: 1.—Introduction. 2.—The original split. 3.—Stillborn: the creation of the Pasteur Institute of Tangier. 4.—Every lab for itself. 5.—A failed convergence: the creation of the Pasteur Institute of Casablanca. 6.—Conclusion.

ABSTRACT: Morocco was the last North African country in which a Pasteur institute was created, nearly two decades later than in Tunisia and Algeria. In fact, two institutes were opened, the first in Tangier in 1913 and the second in Casablanca in 1932. This duplication, far from being a measure of success, was the material expression of the troubles Pastorian had experienced in getting a solid foothold in the country since the late 19th century. These problems partly derived from the pre-existence of a modest Spanish-Moroccan bacteriological tradition, developed since the late 1880s within the framework of the Sanitary Council and Hygiene Commission of Tangier, and partly from the uncoordinated nature of the initiatives launched from Paris and Algiers. Although a Pasteur Institute was finally established, with Paul Remlinger as director, the failure of France to impose its colonial rule over the whole country, symbolized by the establishment of an international regime in Tangier, resulted in the creation of a second centre in Casablanca. While elucidating many hitherto unclear facts about the entangled origins of both institutes, the author points to the solidity of the previously independent Moroccan state as a major factor behind the troubled translation of Pastorianism to Morocco. Systematically dismissed or downplayed by colonial and postcolonial historiography, this solidity disrupted the French takeover of the country and therefore Pastorian expectations.

KEY WORDS: Pasteur Institute of Tangier, Pasteur Institute of Casablanca, 20th century, French colonialism, Paul Remlinger.
«... it was important to insist on the oneness of Morocco, to refuse to accept the three zones into which the Europeans had arbitrarily divided it»

Paul Bowles, *Let it come down.*

1. Introduction (*)

In April 1956, only months before Morocco regained its independence, the Pastorian researcher Robert Neel arrived in Tangier. He had been charged with the mission of reforming the Pasteur Institute when the retirement of its first and sole director Paul Remlinger was anticipated. Neel was deeply struck by the institute’s decline, «which surpassed all one could imagine»¹. The garden surrounding the main building was «a true jungle», its iron fence being «absent in some places and twisted by the force of a more than luxuriant vegetation» in others. Cracks could be seen in most walls and a deteriorated horse stable still had «the rings used for tying up the donkeys and horses of the carriage era»². The inside of the building was in a similarly damaged condition: the scarce laboratory equipment «probably dated from the institute’s opening»; cleaning never succeeded in doing away with «dust and spider webs»; black wooden cupboards leaned tightly against the walls «to avoid the plaster falling by whole sections»³.

It must have been hard for Neel to imagine that the Tangier institute once pioneered Pastorian activities in Morocco, embodying the hegemonic expectations of French medical science. The extent of its decay was a measure of its failure to fulfill such a task and to attain the excellence of its Algerian and Tunisian counterparts in terms of research and institutional development. Tangier failed to maintain its exclusivity as well, being doubled by a new center opened in Casablanca in 1932. However, not even this most uncommon feat has helped attract much attention to the history of

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Pastorianism in Morocco, some basic facts of which are still unclarified. In this paper, we will try to reconstruct the early period of that history with more accuracy, and this will oblige us to revisit French colonialism in Morocco as well, for the troubled origins of the institutes of Tangier and Casablanca were inseparable from a serious limitation in the European takeover of the country that postcolonial narratives have failed to identify. We actually intend to question the very basic frame from which most historiography, colonial and postcolonial, has analyzed medicine and public health in European-dominated Morocco. For it may well be that Warwick Anderson’s critique about postcolonial history unwittingly reproducing «derivative European social formations» —in our particular case, conceiving The French and Spanish Protectorates in Morocco as a sort of miniature, mutually detached states— is yet unaddressed.

2. The original split

Several authors let it be understood that bacteriology was introduced in Morocco in the first two decades of the 20th century, hand in hand with French imperialism. Yet these accounts overlook an earlier period in which it grew (partly) local roots in the country. The intersection of the drive for modernization led by Sultan Hassan I, with Spanish second-rank imperialism lay behind that process. From the mid-1880s Spain devised a novel strategy to «regenerate Morocco» that bore significant differences from the «civilizing mission» promoted by Great Britain and France.


In public health, the Spanish-Moroccan intersection aimed at reforming and developing the rudimentary technical structures of the International Sanitary Council of Tangier, a higher consultative body that had been set up in 1840, rather than imposing a brand new scheme. Thus, Doctor Severo Cenarro led the creation of a Hygiene Commission in 1888, to which the Council lent powers and funds for promoting urban hygiene in Tangier and in the country’s other main port towns. He also brought Mogador Island back to regular use as quarantine lazaretto for Mecca pilgrims from 1890. In parallel, his colleague Felipe Óvilo opened a School of Medicine in Tangier in 1886 that soon became a training center for Moroccan army doctors. Regeneration initiatives were concentrated in Tangier and aimed to transform the city into the modern capital of Morocco.

These new health institutions provided the suitable culture for a modest, (partly) local-driven «translation» of bacteriology at the end of the 19th century that ensured some benefits for and participation of Moroccans. Research, vaccines-sera production and disinfection were its three main elements. Thus, the School of Medicine had a laboratory equipped with a Zeiss microscope, as well as with other «devices and instruments for micrology studies». There, Óvilo isolated the Koch bacillus for the first time in Morocco in the first days of September 1895 during a cholera epidemic that struck Tangier. The Hygiene Commission, meanwhile, organized a modest permanent deposit of sera and vaccines. A reserve of «cowpox lymph» was available from January 1897. The deposit of anti-diphtheritic serum was established a year later and Doctors Ramón Fiol and Samuel Mobily Güitta —the latter, a Moroccan-born, Spanish-naturalized Jew— were soon using it «against two very serious cases of diphtheria and

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have obtained perfect cures in both. Finally, disinfection procedures were set up at the Mogador Island lazaretto. In early 1896, Dr. Enrique Rebolledo used two chambers of an old defense battery for the disinfection of «clothes and baggage», one of them equipped as a «disinfection stove», the other containing «boilers for the disinfection of clothes of immediate use». More than 1,600 pilgrims and 300 tons luggage were dealt with in that year’s quarantine.

Therefore, when the prestigious French bacteriology of Louis Pasteur made its appearance in Morocco by the mid-1890s, in another step of its accelerated expansion throughout the world in connection with the Third Republic’s «civilizing mission», it found the context briefly sketched above. Pastorianism, which required as adequate culture a colonial health scheme of the type of Algeria’s or Tonkin’s, was consequently forced to grow outside the local administration in Morocco, constrained within the legal frame of the French Legation and the Ministry of Foreign Affairs. Due to this lack of local roots in Tangier, initiatives originated in the distant Pasteur institutes of Paris (PIP) and Algiers (PIA): the split between metropolitan and Algerian-oriented projects would become a lasting feature of French bacteriology in Morocco. Hindered by these factors, Pastorian initiatives took pains to follow Spanish-Moroccan developments in research, vaccines-sera production and disinfection, competition with them often yielding unfavorable results.

For example, the PIP failed to coopt the Hygiene Commission’s plans for creating a deposit of sera and vaccines. In February 1895, right after Cenarro requested the German and French Legations for some doses of anti-diphtheritic serum from Meister Lucius & Brüning (Hoechst) and the PIP, Z. Spivakoff, a Crimean Jew doctor trained in the Rotschild Hospital of Paris who directed the French Hospital in Tangier, asked the French
Legation for two months’ leave to visit Paris for «studying the technique of serum-therapy in the laboratory of Dr. Roux and in those hospitals having specialized services against diphtheria»\textsuperscript{19}. Spivakoff visited the PIP’s main facilities, where Roux personally received him, the Garches annex on the outskirts of Paris, where he was shown the serum’s preparation in horses, and the Necker and Trousseau hospitals, where he was «convinced of the wonderful therapeutic results»\textsuperscript{20}. The outcomes of his travel were twofold. On the one hand, Cenarro was informed that his requests for serum should be now directly addressed to the head of the PIP’s anti-diphtheritic serum service\textsuperscript{21}. On the other hand, 25 doses of serum were sent to the French Hospital «to cover the most urgent needs»\textsuperscript{22}. With both actions, the French sought the PIP to monopolize the supply of serum to the Hygiene Commission and that the hospital became a kind of unofficial franchise for its distribution — the first step toward a future Pasteur institute. But Cenarro kept addressing the Commission’s requests to either France or Germany via the diplomatic Legations despite French insistence\textsuperscript{23} and the Commission set up its own local reserve of serum in 1898.

Another setback for Pastorian bacteriology took place in 1895 too. With cholera raging in northern Morocco, Dr. Henri Soulié, co-founder and vice-director of the PIA, visited Tangier and Tetouan at the request of the French Legation «for determining the nature of the prevailing disease»\textsuperscript{24}. His Pastorian pedigree was expected to dissolve bitter disagreements among Tangerian doctors, «the Spaniards arguing it is Asiatic cholera, Dr. Spivakoff claiming […] the disease shows at best the features of sporadic cholera»\textsuperscript{25}. Soulié isolated the Koch bacillus in early October (a month later than Óvilo).

\textsuperscript{19} Lettre du Dr. Spivakoff au Ministre de France à Tanger. Tanger, 14 Fév 1895. CADN, Fonds Tanger B, Carton 504.
\textsuperscript{20} Lettre du Dr. Spivakoff au Ministre de France à Tanger. Paris, 11 Avr 1895. CADN, Fonds Tanger B, Carton 504.
\textsuperscript{21} Légation de France à la Commission d’Hygiène. Tanger, 29 Avr 1895. CADN, Fonds Tanger B, Carton 504.
\textsuperscript{22} Légation de France au Ministre des Affaires Etrangers. Tanger, 29 Avr 1895. CADN, Fonds Tanger B, Carton 504.
\textsuperscript{23} Commission d’Hygiène à Légation de France. Tanger, 2 et 3 Oct 1895. CADN, Fonds Tanger B, Carton 504.
\textsuperscript{24} Gouvernement Général de l’Algérie au Ministre de France à Tanger. Alger, 21 Sep 1895. CADN, Fonds Tanger A, Carton 167.
\textsuperscript{25} Légation de Tanger au Ministère des Affaires Etrangers. Tanger, 23 Sep 1895. CADN, Fonds Tanger A, Carton 167.
though he lacked «a laboratory with its special equipment» for a truly rigorous study (just the French Hospital’s basic lab put at his disposal by Spivakoff)\(^{26}\). Disregarding such frail basis, Soulié hurried to claim that the epidemic was local-born «sporadic cholera», triggered by poor sanitation in Tangier and especially Tetouan, and in no way connected to the arrival of pilgrims from Mecca\(^{27}\), thus exempting the French steamer *Maurice et Réunion*, which had called at the city’s port by the end of August, from any responsibility\(^{28}\). His opinions were however quickly discredited by a report from Cenarro and by news that the steamer had been granted a clean bill of health at Algiers in spite of deaths having occurred on board since its departure from Alexandria\(^{29}\). Óvilo publicly criticized Soulié for acting «more as a defending lawyer of the *Maurice et Réunion*, than as a priest of science arrived for classifying a disease»\(^{30}\).

After the loss of Cuba and the Philippines in 1898, Spanish influence waned in Morocco and the situation changed. Although Pastorians could not immediately deploy its «civilizing» programme from a local, unified base, they succeeded at least in displacing Spanish doctors from its prominent position in local institutions —without getting down to any formal commitment as the latter did. A good example was the control achieved over the pilgrims’ quarantine. In the summer of 1899, Dr. Joaquín Cortés was ousted from Mogador Island by the Moroccan authorities when supervising the construction of semi-permanent facilities. The French Legation thought measures should be taken so that Cortés was «removed from anything not related to sanitary surveillance and the execution of the Council’s orders»\(^{31}\), while the Moroccan government ordered that only physicians «not residing in Morocco»\(^{32}\) would be allowed to direct the quarantine. This led for the first time to the appointment of a French doctor, Lucien Raynaud, health inspector of Algiers. Raynaud was not a Pastorian by training but had closely


\(^{27}\) Rapport adressé par le Dr. Soulié, sous-directeur de l’Institut Pasteur d’Alger en mission à Tanger. Tetouan, 8 Oct 1895. CADN, Fonds Tanger B, Carton 500.

\(^{28}\) Rapport Soulié, n. 26.

\(^{29}\) El Eco Mauritano, 28 Oct 1895.

\(^{30}\) El Eco Mauritano, 30 Oct 1895.


collaborated with Henri Soulié since the PIA’s opening and would continue to work with him for decades. He travelled to Morocco in 1900\textsuperscript{33}, 1901 and 1902, on the latter two occasions being accompanied by his colleague Dr. Gagé, the one who actually stayed on Mogador Island (in 1904 too). For the Legation, such continuity confirmed «the dominance we have struggled to achieve in Morocco’s health affairs»\textsuperscript{34}. The PIP would eventually take over the task in 1905 when Dr. Maire, medical attachée to the Navy Hydrographic Mission directed by Captain Alfred Henry Dyé, was appointed as quarantine director\textsuperscript{35}. He would run it until 1911\textsuperscript{36}.

Pastorian research in Morocco also progressed steadily during the first years of the 20th century. After a long stay at the Val-de-Grâce army hospital in Paris, Dr. Henri Foley was sent to Oran in 1903. There he met General Lyautey, military chief of the Southern Oran territories, who was surreptitiously pursuing French expansion in the Algerian-Moroccan borders. In 1906 Lyautey appointed Foley to the army post of Beni-Ounif, near Morocco’s Figuig oases, where he installed a «Saharan laboratory» and began pioneering research on the role of the louse in the transmission of recurrent fever, in collaboration with the future director of the PIA, Edmond Sergent\textsuperscript{37}. This was the first step in Foley’s decided conversion to Pastorianism. In 1909 he joined the \textit{Société de Pathologie Exotique} and suggested to the colonial government that military physicians sent to Southern Algeria should spend a one-year preliminary stage at the PIP. He himself would do so at the microbiology laboratory of Amédée Borrel\textsuperscript{38}. When the PIA was completely refashioned in 1909, Foley’s Beni-Ounif laboratory became an official branch, where research kept being done on recurrent fever and tuberculosis affecting Eastern Moroccan populations.

\begin{thebibliography}{99}
\bibitem{33} Conférence sanitaire internationale de Paris, n. 32, p. 411.
\bibitem{36} Cruchet, René. Le médecin français au Maroc. Mercure de France, 1929; 214 (749): 340.
\bibitem{38} Doury, n. 37, p. 370.
\end{thebibliography}
3. Stillborn: the creation of the Pasteur Institute of Tangier

Foley actually deployed most of his activities during a new phase of French intervention in Morocco. Secret agreements with Great Britain and Spain in 1902 and 1904 anticipated France’s mounting hegemony in Morocco over its European rivals. The Algeciras Conference of 1906 would make it real by placing the largest and most important part of the country under French «influence» and by assigning France the leading role in the reforms of the Moroccan state. The following year, the army occupied Casablanca and the Chaouia on the Atlantic coast, and seized Oujda and the Beni Snassen mountains in the East. Before a Protectorate Treaty was signed in March 1912 and Lyautey subsequently appointed as Résident Général in July, the troops had already entered the imperial capitals of Rabat, Meknes and Fez and moved rapidly toward connecting Eastern and Western territories (which they would do in May 1914). Neither the short-lived occupation of Marrakech by Ahmed el-Hiba in 1911, nor the nearly successful Fez mutiny of May 1912 stopped the advance of French rule in Morocco.

All this brought a great leap forward for Pastorian initiatives. According to Eugène Regnault, head of the Tangier Legation in 1906-1912, the constant increase of French influence and residents made more urgent than ever «the study by French science of questions related to the hygiene of towns and their inhabitants». For Regnault,

«it would be deplorable to leave the door open in these matters to the initiatives that other countries, well aware of the political reach of this type of institution, won’t fail to launch in a short term. Our role is to bring civilization to Morocco and to settle our influence [...] by creating without delay the model establishment that it is our duty to set up».

43. Regnault, n. 42. My translation.
The Pasteur Institute of Tangier (PIT) would be that establishment. The PIT should finally unify Pastorian initiatives and place them at the core of a new French-made health administration whose only continuity with the Council and Commission would be its location in Tangier, as France then envisaged no other capital for its colonial Morocco. The new center, placed «under the French Legation’s authority», would be directed by a commission composed of the president of the French Hospital’s board, the medical consultant of the Sanitary Council, the sultan’s Public Works chief engineer, the French president of the Tangier municipality, the president of the French Chamber of Commerce, the French consul and two representatives of the French community. All were Frenchmen, including the medical consultant (Paul Fumey) and the chief engineer (Georges Porché-Banès). The PIT would intervene in all sanitary issues, from urban water supply to cemeteries, from food and drink surveillance to sewage.

Special attention would be paid to epidemic diseases such as «anthrax, Mediterranean fever, rabies, wounds diphtheria, smallpox, typhus, bubonic plague and [...] leprosy».

In effect, the creation of the institute was motivated less by charity or vaudeville, as it is still claimed, than by the sustained threat of plague that had grown from isolated cases in Casablanca in 1909 to a massive epidemic in the Dukkala region by 1911. Such threat helped Regnault to obtain, in June 1910, the exchange of a terrain initially granted by the sultan in 1906 for the one-hectare plot on which the institute would be erected. He immediately hired the orientalist architect Henri Saladin and contacted the PIP, which promised 40,000 francs for the building and another 30,000 francs «for the purchase of the required equipment and collections». In September, he asked the Home Office for 225,000 francs from the Fonds des jeux (Lottery Fund), which, added to the previous 70,000, would suffice for creating «a real sanitary and scientific institute». The construction of the main building and animal facilities started in late
1910 or early 1911 after Saladin had submitted part of the plans and the PIP had delivered its first sum\textsuperscript{51}. Roux and Albert Calmette prepared the draft project themselves and instructed Saladin on the best arrangement of laboratories\textsuperscript{52}.

In June 1911, when the first PIP’s sum was running out, a new outbreak of plague in Dukkala on July 8 persuaded the Ministry of Foreign Affairs to move forward\textsuperscript{53}. The first measure adopted, on July 16, was the appointment of Paul Remlinger as director of the PIT. Remlinger was an army bacteriologist turned Pastorian who had worked at the Belvedere Hospital in Tunis and the Imperial Institute of Bacteriology of Constantinople\textsuperscript{54}. Although the Legation thought «his assignment to Morocco won’t be of use before several months»\textsuperscript{55} (until the first PIT’s buildings would be finished), an expert was needed to study the plague epidemic on the ground. Remlinger arrived in Dukkala in September 1911\textsuperscript{56} and a month later he presented his report to the Sanitary Council of Tangier\textsuperscript{57}. His arrival in the city was closely followed by the ministry’s allowance of the PIP’s second installment. Finally, Saladin submitted his full project in February 1912\textsuperscript{58} and the following month the Fonds des jeux awarded the much-needed 225,000 francs\textsuperscript{59}. Construction work would be resumed in May and further equipment purchased in Paris. In June, Roux advanced an additional 15,000 francs\textsuperscript{60}. In October, with a

\textsuperscript{51} M. Porché-Banès, Ingénieur en Chef de Ponts et Chaussées à Robert de Billy, Chargé d’Affaires de France au Maroc. Tanger, 9 Jui 1911. AMAE, Fonds Maroc, Section 66, Carton 407.
\textsuperscript{53} Chargé d’Affaires de France au Maroc au Ministre des Affaires Etrangers. Tanger, 9 Jui 1911. AMAE, Fonds Maroc, Section 66, Carton 407.
\textsuperscript{54} Roussel, Pierre-Henri. Les pastoriens au service de santé des armées. Université Claude Bernard-Lyon 1; 1997, p. 79.
\textsuperscript{55} Télégramme de M. Billy à M. Regnault. Tanger, 16 Juil 1911. AMAE, Fonds Maroc, Section 66, Carton 407.
\textsuperscript{57} Conseil Sanitaire. Séance du 12 Oct 1911. AMAE Fonds Maroc, Section 66, Carton 407.
\textsuperscript{58} Gouvernement Impérial du Maroc, Travaux Publics au Ministre de France à Tanger. Tanger, 12 Fév 1912. AMAE, Fonds Maroc, Section 66, Carton 407.
\textsuperscript{60} Agent de France à Tanger au Ministre des Affaires Etrangers. Tanger, 29 Jui 1912. AMAE, Fonds Maroc, Section 66, Carton 407.
foot-and-mouth disease epidemic raging in Spain and France, Remlinger was allowed to attach a veterinary clinic to the PIT\textsuperscript{61}.

The institute started its operations well before its construction was finished. First, since October 1911, it replaced the French Hospital as supplier of sera to French medical centers in Morocco. Not yet ready for production, however, it just received them from Paris\textsuperscript{62} and sold them with a 50\% discount from December\textsuperscript{63}. In March 1912, Roux agreed with the Ministry of Foreign Affairs to rise the quantity of sera free of charge sent to Morocco every year up to 1,000 doses\textsuperscript{64}. They would start to be distributed for free to French institutions and the Hygiene Commission in November. Further supplies needed would be produced locally and sold at reduced prices\textsuperscript{65}. Second, when the Sanitary Council declared its veterinary bureau vacant in December 1912, Remlinger maneuvered so that «candidates would be asked for diplomas and publications so that the election of one of our nationals would be ensured».\textsuperscript{66} The army veterinarian Sejournant was appointed and began to run the attached clinic on a voluntary basis by early 1913. Finally, the rabies vaccine section was opened on May 25, 1913\textsuperscript{67}.

Tricolor flags flew over the institute's main building on July 14, 1913, the French national day, when the official inauguration took place\textsuperscript{68}. The total cost of construction and equipment had reached 300,000 francs; the ministry fixed an annual subvention of 30,000\textsuperscript{69}. A huge effort had ended in success... or had it? In a display of sincerity, Remlinger cast a dark shadow over the actual vitality of the newly born institution, which, in his view, was severely compromised by a fact that no one could have foreseen:

\begin{itemize}
\item[62.] Légation de France à Tanger aux hôpitaux et dispensaires français au Maroc. Tanger, 14 Oct 1911. CADN, Fonds Tanger B, Carton 504.
\item[63.] Ministre des Affaires Etrangers au Chargé d’Affaires de France à Tanger. Paris, 6 Déc 1911. CADN, Fonds Tanger B, Carton 504.
\item[64.] Émile Roux au Ministre des Affaires Etrangers. Paris, 23 Mar 1912. AMAE, Fonds Maroc, Section 66, Carton 407.
\item[66.] Agence de France à Tanger au Ministère des Affaires Etrangers. Tanger, 23 Déc 1912. AMAE, Fonds Maroc, Section 66, Carton 407.
\item[67.] Ouverture de l’Institut antirabique de Tanger. Revue Marocaine. 1913; 5: 316.
\item[68.] Remlinger, n. 52, p. 977.
\end{itemize}
“the partition of Morocco into three zones.”\textsuperscript{70} In effect, after German and British constraints, the French had had to accept the creation of a Spanish Protectorate in November 1912 and also that Tangier was assigned a vague international status yet to be determined. As a result, the PIT, conceived of as an exact homologue of the Algiers and Tunis institutes, now found itself legally trapped beyond French control and geographically cut off from French Morocco. For Remlinger, had this been known in advance, there would have been doubts about opening the institute «in Casablanca, Fez, Meknes or Rabat, but it is sure that Tangier wouldn’t have been chosen».\textsuperscript{71} Instead, French Morocco faced a «marriage of convenience» with the PIT that was already being questioned by projects of construction «in Casablanca or Rabat of a replica of the Pasteur Institute of Tangier».\textsuperscript{72}

Remlinger’s fears proved to be justified. The exclusion of Tangier from French influence delivered a fatal blow to the newly born PIT. Although a contract of January 31, 1914 gave it official status as \textit{Institut Pasteur du Maroc}, it was not signed by the Parisian motherhouse with the French Protectorate but with the Ministry of Foreign Affairs. The new scientific center, whose «administration, technical direction and recruitment of personnel» were trusted to Pastorian, was thus housed «in a building and on terrains property of the French state», being a purely French institution without Moroccan roots\textsuperscript{73}. Rather than being directed by a Tangier-based board, as Regnault had imagined, its operations would be supervised by a mixed PIP-Ministry \textit{Comité de contrôle} from distant Paris. Tangier’s Sanitary Council and the Hygiene Commission continued to exist, thereby putting constant obstacles to the development of an autonomous health administration in French Morocco. Even PIT’s activities within Tangier were affected. A European diplomat, for example, warned Remlinger that if an institute’s representative entered his Moroccan protégé’s property «with the pretext of petrozatization», he would be entitled «to oust him, even by force: “French politics, he added, is too easily seen through your mosquitoes…”».\textsuperscript{74}

\textsuperscript{70} Remlinger, n. 52, p. 985.
\textsuperscript{71} Remlinger, n. 52, p. 985.
\textsuperscript{72} Remlinger, n. 52, p. 985.
\textsuperscript{73} Le ministre des Affaires Etrangers au directeur de l’Institut Pasteur, Emile Roux. Paris, 10 Fév 1914. SAIP, Fonds IPOM, IPO-TAN.
The new situation also prevented the PIT from subsuming the activities of Algerian-based Pastorians in Morocco. Lyautey went as far as to propose Foley becoming the French Protectorate’s first health inspector in June 1912 and although he rejected the offer, he continued his research in the Algerian-Moroccan borders in close connection with the PIA. Moreover, as Remlinger suggested, an alternative project was already under way to give Pastorianism a new base in French-controlled territory. Lyautey wanted to create a new institute in Rabat, the Protectorate’s incipient capital. Negotiations began already in late 1912, Roux confirming his willingness to send a Pastorian from Paris and to give the name of Pasteur to the new laboratory in early 1913. In Lyautey’s opinion,

«The complex mechanism of our public health needs, in order to enjoy complete autonomy and function normally, the addition of that essential organ which is the Pasteur Institute. Depriving our organization from a Pasteur institute would mean decapitating it, as I consider that institution as the keystone of a well-conceived Assistance Médicale Indigène».

Roux took five months to answer, a measure of his difficulty in finding some feasible solution for the Moroccan puzzle. He proposed that the new center be named Pasteur Institute «of Rabat» and its director «agreed» between him and Lyautey. These two seemingly unimportant details were actually major obstacles for the latter’s plans to make Rabat’s the real «Moroccan» institute and insert it within the Protectorate’s health administration. The project came to a halt, though Lyautey would not quit. His first attempt at creating a local base for Pastorianism in French Morocco had, however, shown an unpromising weakness towards the Tangier and Algiers institutes.

4. Every lab for itself

The damaging split of Pastorian initiatives in Morocco continued after 1913. The PIT became its main example because of the leading role it was originally

75. Doury, n. 37, p. 370.
76. Résident Général Lyautey à Émile Roux. Fès, Mar 1913. SAIP, Fonds IPOM, IPO-TAN.
77. Résident Général à Roux, n. 76. My translation.
78. Émile Roux au Résident Général Lyautey. Paris, 14 Août 1913. SAIP, Fonds IPOM, IPO-TAN.
meant to play. Seven months after the signing of the contract, the onset of
World War I brought about its virtual shutdown. Having a purely French
status proved highly detrimental, for Remlinger and Sejournant —army
doctors on secondment in Morocco but not attached to the Protectorate
administration— could and would be mobilized. Sejournant was killed in
action very soon, even before Remlinger left Tangier\(^79\). Dr. Bel, the Council's
new veterinarian, would keep the clinic partially open during the war\(^80\).
Remlinger stayed outside-Tangiers until almost the end of the war save for
very short periods\(^81\). Then, he tried to start things over. This meant, first of
all, repairing the buildings, which years of neglect had seriously deteriorated.
He obtained 40,000 francs for «urgent repairs», two-thirds of which were
spent on the refurbishment of the main block\(^82\). But in 1920 the situation
worsened: old cracks widened and new ones appeared, though the stability
of buildings was not compromised. In spite of the use of damp-proof plaster,
«huge moisture plaques» appeared on the ground and first floors and all
four facades\(^83\). In 1925, nevertheless, laboratory walls were whitewashed,
garden fences replaced and painted and some cracks filled in\(^84\).

With regard to its functions, the number of analyses, vaccinations and
veterinary consultations continually increased between 1918 and 1925,
and with them, the total income. However, in spite of a devaluation of
the Franc of over 50% between 1918 and 1920\(^85\) and a further 30% until
1925, the institute's subvention was not raised\(^86\). As a result, the balance
sheet worsened every year. Besides, no auxiliary personnel was recruited,
so Remlinger was forced to perform all analyses personally, spending a
considerable amount of time dealing with the public and the administration
and having only little left for scientific research. In his opinion,

«the political circumstances have condemned the PIT to being nothing else
but a local laboratory of vaccines and analyses, [...] not reaching beyond the

\(^79\) Rapport d'activité 1920, n. 69.
\(^80\) Remlinger, Paul. Rapport d’activité annuel de l’Institut Pasteur de Tanger, 1925. SAIP, Fonds
IPOM, IPO-TAN.
\(^81\) Roussel, n. 54, p. 79.
\(^82\) Rapport d’activité 1920, n. 69.
\(^83\) Rapport d’activité 1920, n. 69.
\(^84\) Rapport d’activité 1925, n. 80.
\(^85\) Rapport d’activité 1920, n. 69.
\(^86\) Rapport d’activité 1925, n. 80.
Tangier zone, laboratory of analyses devoted to humble tasks, first among which the examination of urines and smallpox vaccination» 87.

Algerian-based influences, by contrast, substantially developed during the early Protectorate period. The transfer of Foley to the bacteriological laboratory of Algiers’ Dey Hospital with the start of World War I 88, did not prevent Lyautey from proposing him again to become the Protectorate’s health inspector in November 1915, an offer he declined in order to serve on the Western Front. Foley returned to Algeria in August 1917 as health inspector of the Southern Territories, an administrative division created in February 1918, which comprised the largest and least populated area of the colony 89. In that condition, Lyautey invited him and Edmond Sergent in May 1919 to attend a session of the Conseil Supérieur d’Hygiène, the recently established consultative organ presided by the Résident Général himself, where they proposed the creation of an Anti-Malarial Service whose technical headquarters would be located in Rabat 90. The service began to operate that very year under the direction of Dr. Charles Vialatte, an army Pastorian and favorite disciple of Foley’s at Beni-Ounif. Before returning home, Foley and Sergent also carried out a pioneering anti-malarial intervention in various localities of the Kenitra region that would be adopted as the model for subsequent campaigns throughout French Morocco 91. They came back again in January 1924, accompanied by Étienne Sergent, for discussing the general doctrine of anti-malarial intervention according to the latest advances in the field 92. In sum, the PIA extended Algeria’s administrative and scientific model of anti-malarial fight to French Morocco overlooking local proposals —as well as those of Remlinger from Tangier 93.

87. Rapport d’activité 1920, n. 69.
90. Laberge, n. 4, p. 31.
The continuing action of the PIT and the PIA worked against Pastorian initiatives in Rabat. However, Lyautey took every chance he got to get them started. During World War I, when the PIT was «closed», he issued two decrees creating and regulating an Institut Antirabique on April 28 and May 10, 1915. As this center received «the higher endorsement of Prof. Roux» and adopted the PIP’s standard procedures, it was taken to be a Pasteur institute in all but name. It was not the first bacteriological facility in the city, though. In July 1913, while waiting for Roux’s answer, Lyautey had approved the opening of an Institut Vaccinogène for producing smallpox vaccine. A Laboratoire de Bactériologie would be attached to it in early 1915. All the three centers, located at the Marie Feuillet Hospital’s premises, would be placed under a unified administration in 1916. Rabat’s laboratories were essentially a product of the army’s bacteriological tradition. Paradoxically, it would be a civilian doctor, Jules Colombani, promoted by Lyautey (whom he had met in Oran years before) as strongman of the Protectorate’s public health in 1919, who most decidedly pursued the aspiration of obtaining official Pastorian patronage for them —even if this meant changing their location. In a book published in 1922, he acknowledged «that the French Protectorate is obliged to perform even better [and therefore] plans the creation, at the earliest date possible, of a true Pasteur Institute in Casablanca, where all means of treatment and research would be concentrated in order to strengthen the organized fight against epidemic diseases».

5. A failed convergence: the creation of the Pasteur Institute of Casablanca

In effect, the dream of a unified Moroccan Pasteur institute came close to reality in the mid-1920s. Remlinger championed the convergence of all the hitherto disparate initiatives when, after years of disconnection, he
began to build ties between the PIT and the French Protectorate health administration, a *rapprochement* symbolized by the visit of Colombani to Tangier in September 1920. Following this visit the Protectorate replaced the Ministry of Foreign Affairs in the allocation of the annual subvention of 30,000 francs. In 1925, the sum would be raised to 40,000. Besides, Remlinger was given an assistant, the army veterinarian Jacques Bailly, whose Pastorian background «made him ideal for this position». Bailly’s appointment was agreed between Roux and Lyautey and his salary paid by the Protectorate. Finally, Remlinger announced in his annual report of 1920 that:

«Six hectares of terrain have been purchased, in the course of the year, in Casablanca, in the extension of General D’Amade’s avenue, for the construction of the *Institut Pasteur du Maroc*. The institute will be adjacent to the new civil hospital, the new military hospital and the new native hospital, official plans envisaging that certain services, heating and drainage will be common to all four institutions.»

The purchase followed a meeting in Rabat in August 1919 between Lyautey, Urbain Blanc, Colombani and Remlinger in which the replacement of the PIT by the construction of a new institute in the Protectorate were discussed. Four years later Remlinger told his master and colleague Félix Mesnil about his hope that «the Protectorate would keep the promises made to us», more precisely that, «as soon as Casablanca’s civil hospital is finished, the works of the Pasteur institute will be started». Some «lean years» passed, but in February 1926 the new *Résident Général* Théodore Steeg confirmed to him that, with the civil hospital nearly finished, the institute’s works would soon begin. Remlinger managed to exchange
the original land plot for one closer to the city and near a public garden «excellent for attenuating noises and dust» 109. He believed the funds would be delivered in April 1927, so the works would start in July and finish in late 1928 or early 1929. A last tie woven by Remlinger was the contact he established with Algerian Pastorianism through the latter’s outpost in Rabat. Dr. Pierre Delanöé, a Pastorian colleague and friend of his who had settled in Mazagan in 1915, was appointed scientific auxiliary of Vialatte at Rabat’s anti-malarial service 110. Delanöé’s intermediary role was meant to be important as the future Pasteur Institute of Casablanca (PIC) should ideally combine (in unspecified proportions) personnel and research goals from the PIT and the (PIA-sponsored) anti-malarial service.

Remlinger’s efforts paralleled (and were favored by) French ambitions to extend their rule in Morocco over international Tangier and the Spanish Protectorate. France had openly asked its war allies at the Versailles Peace Conference for Morocco’s internationalization, «imposed on France» by Germany, to be canceled so that Tangier, «which in point of law forms part of the French Protectorate, [be] annexed to the French zone» 111. This demand was not met but constant French pressure led to the first drafting of a so-called Tangier Statute, agreed in December 1923 between France, Great Britain and Spain, which actually reinforced French control over the city 112. Spain’s support for a regime clearly unfavorable for its interests owed to a precarious situation in Morocco since 1921. In June of that year, the Spanish army had been routed by the insurgent leader Muhammad ibn ´Abd el-Karim (shortly, Abdelkrim). The so-called «Annual Disaster» would be followed by a six-year war in which an independent state comprising most of Spanish Morocco came close to be organized 113. The French Protectorate would eventually be attacked in the spring of 1925, driving France into the war, but until that moment the French took advantage of Spanish problems for insisting on their claim that the sultan «recognized

110. Laberge, n. 4, p. 31.
only one Protectorate in Morocco»

and that if Spain failed to occupy its zone, some sort of French direct or indirect control over it would be considered. Lyautey had always been «frustrated» by the establishment of a Spanish zone in Morocco and had demanded —during the Versailles conference too— «the pure and simple eviction of Spain, in favor of France» from that territory. War in Spanish Morocco had also allowed France to advance in the «pacification» of its Protectorate —large areas of which were still beyond submission. Military outposts were installed north of Fez and Ouazzan, areas occupied south of Taza and long-running resistance subdued in the Middle Atlas.

In the end, however, Abdelkrim’s offensive led to the eventual demise of Lyautey as Résident Général in July 1925 and of French pan-Moroccan policies with him. Remlinger’s personal correspondence, hitherto devoid of political remarks, began to leak complaints about the negative consequences of the new situation. In a letter sent to Mesnil in May 1926 he lamented that «we will be forced to fight the Riffians so that the Spaniards are left in charge of territories they won’t be able to keep». Another letter in October deplored Spain’s demarches for having the Tangier Statute amended, arguing that the Spaniards «are launching a formidable offensive against us and our influence and it is often difficult to keep one’s cool». He hoped that «nothing will be handed over to them», because that would mean losing «the benefit of prestige obtained through Abdelkrim’s submission» to the French in late May 1926. Notwithstanding his wishes, the Tangier Statute would be amended in July 1928 and the autonomy of the Spanish Protectorate towards the sultan finally recognized. French military operations in its Protectorate would not end until 1934.

Remlinger’s plans for a unified Moroccan Pasteur institute proved as fragile as the dream of a French-only Morocco. The apparent convergence accomplished in the early 1920s had only been possible within the frame of the fragile collaboration forged personally by Lyautey between civil
and military medicine, between Tangier’s and the Protectorate’s health schemes, between basic research and clinical practice. Such convergence, actually an undercover authoritarian militarization of public health (a *dictature sanitaire* in Colombani’s own words\(^{120}\)), could only be justified in a context of sustained, low-intensity armed operations and conquest that would ideally last until the French control of the whole of Morocco was achieved. Therefore, Lyautey’s dismissal after the sharp escalation of hostilities in the Rif was closely followed by the separation between the higher direction of the military and civilian health services, Colombani being appointed as head of the latter (*Directeur du Service de la Santé et de l’Hygiène Publiques*). Remlinger’s great expectations soon collapsed too. He sadly realized that «the idea these sirs [Colombani and his assistant, Dr. Maurice Gaud] had in the back of their mind was to create a Pasteur institute of state in Casablanca […], ignoring the motherhouse as much as possible» \(^{121}\), a center that would just have a secondary role of «useful laboratory» limited to the production of smallpox and rabies vaccines instead of being a «big research institute» \(^{122}\).

In the end, Colombani’s plans for creating a technical organ of French Morocco’s public health crystallized in the *Institut d’Hygiène du Maroc*, inaugurated in Rabat on December 30, 1930 on the basis of the city’s previously existing laboratories. Colombani put the new center under Gaud’s direction, clear proof that although nominally independent from the civil health administration, it actually remained «subordinated to its scientific and administrative supervision» \(^{123}\). Pastorian had no control or influence over it. With half-disguised envy, Remlinger informed Mesnil of his visit to new institution in the official opening day, telling him how Edmond Sergent had «the same wide-open eyes as myself when walking through its premises» \(^{124}\). Built on a two-hectare plot in the residential Agdal quarter and designed by «a real ace», the official Protectorate’s architect Pierre Bousquet, its

\(^{120}\) Colombani, Mauran, n. 96, 16, 26.

\(^{121}\) Lettre, n. 109. My translation.

\(^{122}\) Lettre, n. 109. My translation.


cost had raised to fourteen million francs\(^{125}\). «First class» equipment and instruments had been almost entirely supplied by the German firm Ernst Leitz\(^{126}\). The institute was organized into departments of Bacteriology, Pathological Anatomy, Parasitology, Malaria, Biological Chemistry, Legal Medicine, Statistics, etc., and it planned to offer annual training courses for doctors, nurses and civil officials\(^{127}\). Remlinger acknowledged that it was highly improbable that the PIC, in case it was finally created, would get better conditions; however, he boasted that it would take only two researchers of Delanöé’s kind «to have nothing to fear» from it in terms of research\(^{128}\). The Rabat institute’s research outputs would actually never live up to the potential of its equipment and premises.

With the emergence of this new institution, the split of Pastorian projects in Morocco definitely crystallized. After long demarches, the PIC would finally be opened in June 1932 but had little to do with Remlinger’s projects. Roux ended the standoff resulting from the complete lack of communication between Remlinger and Colombani by sending Edmond Sergent on a mission to Morocco in late 1928. As he had done in Algeria in the early years of the century, Sergent drafted the institute’s contract, signed in November 1929, outlined its research program, designed its building and supervised the works. The last and most complicated issue was the appointment of the future director. It was only in December 1931 that Georges Blanc, the favorite disciple of Charles Nicolle, the Tunis institute director and 1928 Nobel Prize-winner, was chosen\(^{129}\). The PIC was, thus, a subsidiary product of non-Moroccan North African Pastorianism. Located in the French Protectorate, it nevertheless lacked real influence in its health policies, being charged only with supplying BCG and smallpox vaccines and acting as an anti-rabies vaccination service\(^{130}\). Called *Institut Pasteur du Maroc*, its research program did not address specifically Moroccan

\(^{125}\) Remlinger à Mesnil, Tanger, 21 Déc 1930. 1 Jan 1931. 11 Jan 1931. SAIP, Fonds IPOM, Correspondance de Félix Mesnil. This was forty times the cost of the PIT, though the difference was actually around ten times if we take into account the devaluation of the French franc between 1913 and 1930.
\(^{126}\) Lettre, n. 124.
\(^{127}\) Lettre, n. 124.
\(^{128}\) Lettre, n. 124.
\(^{129}\) Dedet, n. 4, p. 127-128.
\(^{130}\) Dedet, n. 4, p. 128.
pathologies or health problems but followed instead ongoing lines of research from Algiers and Tunis.

6. Conclusion

After the opening of the PIC, the Tangier institute continued its unstoppable decline. However, Remlinger kept on telling Mesnil that he was «happy» to stay in Tangier, a place he would «not certainly have changed for Casablanca or Rabat without a true heart pang». He never left the city, not even after his somewhat forced resignation in 1957: he would die and be buried there in 1964. The aging Remlinger embodied France’s ever-weakening interests in Tangier as much as the deteriorated building of the PIT did. Both were living proofs of French ambitions of hegemony over the whole of Morocco. But their long-lasting decay also proved such hegemony was actually less pervasive than historiography still has us believe, France being compelled to admit a substantial degree of foreign influence in the form of a Spanish Protectorate and, above all, of an international Tangier. This paper’s main epistemological claim is that a truly critical history of colonial Morocco should start from the joint consideration of that triple reality, as a Moroccan character called for in our front-page quote of Paul Bowles’ *Let it come down*. If research is done about French Morocco or Spanish Morocco or international Tangier as if only each one of them had existed and as if each of them had been a homogeneous entity absolutely detached from the other two, we will endlessly keep on reproducing colonialist narratives and fail to identify Moroccan resilient agencies that persisted in the never fully blurred links between the three of them. For our particular case study, the need of Pastorianism for pure French colonial cultures to grow strong in North Africa was not met in Morocco, the result of this incomplete domination of the country by France being the troubled early histories of the Pasteur institutes of Tangier and Casablanca we have tried to sketch here.