

SIR ALFRED KEOGH – THE EARLY YEARS

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'Sir Alfred Keogh'

Keogh is a common name in Ireland, and there are many branches of the family. Alfred Keogh's ancestors can be traced back to the 14th Century, to the Mac Keoghs of Moyfinn in Athlone. They appear to have had considerable land until the Cromwellian Rebellion, when it was all confiscated. It seems most of the land was restored at the Restoration, to the mother of Edmund Keogh, and subsequently to Edmund himself. At the end of the 18th century, the estate became known as Keoghville. Keoghville House, at Carrowkeen, a considerable house of some seventeen rooms was built in 1789. Edmond's son, Laurence Keogh, who died in 1804, had eleven sons and two daughters as was commonplace in those times. One son, William Michas, lived at Keoghville, became a Solicitor and eventually Crown Solicitor for Co. Kilkenny. He too had a large family, and Alfred was one of his sons.

In 1872, the celebrated Galway county election petition was tried before William Keogh. Captain J.P.Nolan, a home ruler, had been returned by a large majority, but the result was petitioned against, mainly on the ground of undue influence and intimidation. In the course of his judgement, Judge Keogh commented on the intimidators' actions in terms of unusual severity. His remarks were deeply resented and aroused popular feeling. Meetings were held at which he was denounced and he was burnt in effigy; special precautions had to be taken by the government for his protection. A motion in the House of Commons, impugning his conduct, was defeated by a large majority. Proceedings were taken against one of the Catholic Bishops and two priests involved in the dissent although they were acquitted and the remaining prosecutions were abandoned. Evidently William Keogh's name is still anathema in Ireland [1].

William's younger brother Henry also entered the profession of law and entered the Middle Temple on 27th April 1857 after spending nine terms at King's Inns Dublin from 1851 to 1855. He was commissioned in the Army as a Cornet in the Land Transport Corps on 23rd November 1855, remaining in it until he retired as a Captain in 1869. He was called to the bar in 1871 becoming a member of the Irish Bar and was appointed Resident Magistrate in Londonderry in 1871 and later in 1872 in Co Louth. One of the qualifications of a Resident Magistrate was that he had to have Military Service.

It is said that Alfred Keogh never got on with his father, who appeared to spend a lot of his time in Paris, and largely neglected his children. Uncle Henry wanted Alfred to become a priest and sent him to school at Cotton College, near Cheadle in Staffordshire. This was a Seminary for older boys, and, indeed, many of the boys were later ordained. However for Alfred it had the opposite effect, and the experience of Cotton College did not endear him to the Clergy. Failing the Church, Henry tried to persuade Alfred to join the Services, preferably the Royal Navy. However, Alfred wanted to be a scientist. They eventually compromised and he agreed to read medicine at University, initially at Queen's College, Galway, and graduated MD and MCh from the Royal University of Ireland in 1878, at the unusually early age of 21 years; he also sat the Diploma in Obstetrics in the same year.

To increase his medical knowledge, Alfred moved to London and studied at Guy's Hospital. This was followed by appointments as House Physician at the Brompton Hospital for diseases of the chest and as Clinical Assistant at the Westminster Ophthalmic Hospital.

Whilst in London, he lodged with a retired Colonel Williams, who's daughter, Elizabeth, he married in 1880, the same year he joined the Army Medical Service. One can only speculate that he joined in order to have a regular income now he was married, or perhaps he genuinely thought that Military Medicine would be an interesting career. When Keogh joined the Army Medical Service, many Medical Schools were boycotting the Army. A report on a meeting of Professors in Ireland held at Trinity College in the British Medical Journal of 1878, stated that the reason for preventing students from competing for the Army Medical Service were '1. *The feeling of distrust produced by the frequent changes in warrants and regulations has caused a reluctance on the medical students of Trinity College to enter service in which they are unable to calculate with certainty on their future career and treatment;* 2 *The recent short service system, by which a medical officer is liable to compulsory retirement at the end of ten years service;* 3. *The disadvantage at which medical officers are placed, as compared with other officers, in respect to several matters, such as sick and ordinary leave, exchange, and barrack privileges.'* [2]

Every doctor on joining the Army went through the Army Medical College at Netley. Alfred Keogh joined seventy-one 'Surgeons on Probation' on 1st January 1880, a large number that caused problems with both instructors and students. The Course ended on 8th March, when Keogh distinguished himself by taking the Herbert Prize for passing out top, and the Martin Memorial Prize in Medicine. The BMJ goes on to record that '*by a new rule, the raison d'être of which it is not easy to understand, all the Surgeons for the Army passed out of the school in the order in which they entered, without any reference to the marks gained for the work done at Netley. Thus it happens that, although Mr Keogh had a larger number of marks than the Gentleman who was first in the entrance examination.....he stands second on the list.*' [3].

On graduating he was posted to Bermuda, where he remained for three years before being posted to Madras in India in 1883, where his wife, Elizabeth, contracted tuberculosis, and died in

1886, leaving him with a small son, Alfred St George, called French. He and his father were never friendly, and Alfred in fact banished him later from the family home. After Elizabeth's death, Alfred Keogh was posted to Bengal, where he met and fell for Camilla Hart, a twenty-one-year old step-daughter of an Indian Army Colonel. They were married in The Roman Catholic Church at Serampore near Barrackpore, North of Calcutta, in 1887 in what proved to be a long and happy marriage.

The couple returned home in 1889, when Alfred was posted as Surgeon to the Woolwich Arsenal, before returning to India in 1894, where their eldest daughter, Camilla Margery, was born in Calcutta three years later. They returned home in 1899 and a second daughter, Cecilia de Mestre was born in February in 1902.

Throughout this time, Keogh *'devoted himself to acquiring sound professional ground work, taking clinical appointments in general and special hospitals and losing no opportunity to adding to his store of knowledge. This professional keenness he kept up*

through his working life.' [4]. When on leave in Switzerland, he visited clinics and questioned the professors on their experiences. He immersed himself in the problems of Military Medicine, going through the various Commissions that had sat to examine the problems with the Army Medical Staff, and which exposed the faults in the system. He was always prepared to acknowledge that faults occurred in the military system. Indeed in India, he saw diseases which could be prevented by proper training in hygiene discipline. He was appalled by the ignorance and disinterest of the Regimental Officers in the prevention of disease amongst the soldiers. *'Without losing his grasp on his purely professional work, Keogh immersed himself in the study of military medical problems.'* [4].

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SIR ALFRED KEOGH - THE YEARS OF REFORM 1899-1910

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Abstract

History inevitably requires individuals to influence and change circumstances; men and women of principles, courage or power who influence events to such an extent they produce change, even to the extent of changing the course of history. Alfred Keogh was such a man. He possessed strong principles and the courage to convert a nineteenth-century attitude to the health of an army into the modern vision of Army Health we have today. Keogh was plucked from obscurity in India and plunged into a war, the outcome of which was never certain. The reputation of the Army had been tarnished by a government who had done next to nothing to prepare it for modern war or ameliorate the condition of the common soldier and the Boer War exposed the extent of that neglect to a shocked public. Ultimately the humiliation of the Army prompted radical reforms which converted a metaphorically red-coated army into a fighting force fit for the twentieth-century. During this time Keogh led the Royal Army Medical Corps (RAMC) through a very painful rebirth. His meteoric rise from Major to Lt. General in a little less than five years was matched only by his vision of the future and the dynamic effect he had in effecting change. This essay looks at the influence Alfred Keogh had in the reform of the RAMC that occurred in Edwardian Britain.



'Sir Alfred Keogh'

A rude awakening

On October 7th 1899, when 3 General Hospital sailed from Southampton bound for South Africa, Major AH Keogh was described as "the registrar and secretary" [1]. No one could foresee that the diminutive registrar, in a little over five years, would be appointed Director General of the Army Medical Services (DGAMS) with responsibility for the formidable task of the

reform, indeed the reconstruction, of the RAMC.

Alfred Keogh had a good war; in a war that destroyed many reputations and careers, Keogh's was made. Number 3 General Hospital arrived in South Africa in early December 1899 with

a unit comprised of 5 RAMC Officers, 12 Civil Surgeons, 1 Warrant Officer, and 106 NCOs and men; attached to the hospital was the Portland Hospital. Initially No.3 Hospital had 520 beds under canvas and the Portland Hospital 124, later increased to 620 and 200 beds respectively. The hospital opened for patients on 8th December 1899, and in six months 3,577 patients were to pass through it.

Keogh's baptism of fire began in February 1900 when No.3 General Hospital crossed the Modder River as part of Lord Roberts' force that struck at the heart of the Boer Republics. Ahead was an undefeated, confident enemy in a harsh and merciless landscape in which the Boer and typhoid reigned supreme. Behind, a single line railway 600 miles from Cape Town upon which all supplies depended. From the Modder, resupply required the ox and the mule. The success of Roberts' plan was dependent on speed and freedom of movement, which was achieved only by sacrificing the AMS to expediency [2]. *"It was pills or bullets"* Kitchener later told the Elgin Commission.

For the infantry in the blistering heat of a South African summer it meant forced marches, half rations and an unquenchable thirst that the Army was unable to appease, with disastrous results. Helplessly Keogh witnessed the suffering of the men as they were pushed to exhaustion. It is claimed that the unopposed crossing of the Modder River caused more casualties than the Battle of Colenso. Veterans of Roberts' advance called the water in their bottles "Chateau Modder", a wine that was "full of body".

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In Roberts' wake.

On the 14 April 1900, Keogh was promoted to Lieutenant Colonel and assumed command of Number 2 General Hospital [3] which, after dealing with the typhoid epidemics in Springfontein and Bloemfontein, was placed on standby in Kroonstadt to be the advance element of the AMS into Pretoria. After the typhoid epidemic in Bloemfontein the potential for a repeat in Pretoria was feared and amidst these anxieties there was a determination to prepare 2000 beds in readiness.

Lt Col Keogh led No.2 Hospital into Pretoria on the 17 July where he soon became the darling of the press. *The Times* expressed its admiration for Keogh's system of separating typhoid patients from others, while the *British Medical Journal (BMJ)* was impressed by the low mortality from typhoid in his hospital.

The Lancet [5] was euphoric in its praise of Keogh when it described the disposition of some of the medical units: "On the plains east of the town near the railway running to and from the scene of recent fighting towards Deldgoa Bay are three hospitals, side by side, all commanded by Lt Colonel AH Keogh".

It described that the hospitals were No.2 General Hospital; the Langman Hospital and the Welsh Hospital. According to the correspondent, No.2 General Hospital was the "best military hospital in South Africa", possessing the luxuries of a telephone and electricity supply; in the heat of battle Lt Col Keogh had managed to secure electrical power and telephones; a practical characteristic that was normally a feature of Colonial officers from Australia, Canada and New Zealand, but nevertheless welcomed by Roberts and other senior officers.

On the 19 October Roberts inspected No.2 Hospital and saw for himself what Keogh had achieved. Later, in early November, *The Lancet* published a letter from Mr J Lynn Thomas [6], senior surgeon at the Welsh Hospital in which he attested to Keogh's ability: "I must confess that my impression of the organisation of the RAMC is much more favourable after being taught its practices and routine by the most able and capable administrator in the Welsh hospital, Lt Colonel AH Keogh, than it was. Lt. Colonel Keogh possesses a desire to teach".

The national press, the *BMJ* and *The Lancet* made Keogh's achievement common knowledge and his talent was officially recognised by an award for Meritorious Service in the Commander-in-Chief's (C-in-C) despatches on November 29th. From that day Alfred Keogh's career never faltered; four years later, almost to the day, he was appointed DGAMS.

The war had left Keogh with doubts concerning the lack of a viable reserve and of specialist sanitary personnel. He was also probably aware of the ill matched nature of everything that was eventually cobbled together to form the AMS, trained and untrained personnel, British, Indian and colonial systems of organisation, military and civilian elements, improvised resources at home and in South Africa and voluntary offers of every description; all had to be welded into some sort of "organised whole" a fragile system that was liable to break down at any moment. Finally he wondered about the role of the AMS in a modern twentieth-century Army.

Clouds on the horizon

Despite optimistic reports about the welfare of troops rumours emerged concerning the awful conditions of the military hospitals which were relayed to the nation by William Burdett-Coutts, war correspondent of *The Times* which inflamed public opinion and rattled the government. Against strong advice, the government established in June a Royal Commission under the chairmanship of Sir Robert Romer to investigate the conditions of military hospitals in South Africa. The Commission could not force anyone to attend and was consequently boycotted by most serving officers. Its effect on the morale of medical staff, military and civilian alike, was

devastating.

The situation for the RAMC deteriorated rapidly with the announcement that the government was considering reducing the strength of the RAMC in peace time to a cadre to be reinforced in war by a reserve.

Returning home in January 1901 Keogh was met by an avalanche of criticism directed at the RAMC as the shock waves of the Romer Commission rippled through the medical profession. Many civilian practitioners considered the RAMC a disgrace, unfit to attend to the medical needs of the Army. The cynics, distracters and those who continually dug up the past denounced the RAMC in a savage campaign of humiliation. The public image of an RAMC officer was of inferior knowledge and lacking industry and capacity, an assertion made so frequently that one correspondent assumed "it must be true".

When the Commission's report was published Keogh's future was already being arranged by the Secretary of State for War, William St. John Brodrick, with an appointment at the War Office and promotion to Colonel. If war had advanced his career then peace propelled it to new heights; in the corridors of power his name was already being mentioned in connection with reform. Keogh was recognised as someone who could revitalise the RAMC, not preside over its demise.

Early reforms

The Romer report was published on the 29 January and contained little criticism of the RAMC. To a cynical nation this merely confirmed what everyone had suspected, that the report was a complete whitewash with pressure applied to witnesses to support the government's position. Although leaving some hope the report simply stoked the fires of criticism of the RAMC. Hope lay in the proposed "committee of experts", comprised of civilian and medical experts to recommend procedures of reform. Lacking any sense of urgency Broderick delayed until July to announce that the Committee of Experts would comprise six civilian and four military members, one of which was Colonel AH Keogh as chairman. Delay was due to the retirement of the current DGAMS, James Jameson without a successor! His deputy, William Taylor, and normally his successor had been sent as Principal Medical Officer (PMO) of H.M. Forces in India [7]. The AMS was left serving in a war with urgent reforms waiting in the wings, and leaderless; an abject act of incompetence that was deplorable even by the standards of a War Office not renowned for its competence.

The pressing questions were who was to be the new DGAMS, and when? Gossip and rumours flourished throughout the summer of 1901. In August one rumour that took root was Taylor's possible recall to assume the post of DGAMS. Reformers were appalled. Taylor was in his thirty-seventh year of service. Did he have the drive, the ambition, the energy and time to carry the reforms to completion? The success of the most radical, far reaching reforms in the history of the AMS rested on selection of the best man for the job.

On the 9 October Keogh and the Committee of Experts published their report on the "reconstruction of the RAMC". It had taken barely three months and its promptness was a rebuttal of normal War Office procedure. Amongst its many recommendations was the formation of an Advisory Board, a body designed to establish good communication between the civilian medical profession and its military counterpart in order to keep the RAMC informed of any recent developments in medicine. It had been a superb achievement by Keogh. As the senior military officer on the Committee it was his responsibility to marshal the diverse opinions into a coherent statement of intent.

Within three weeks the King approved the appointment of

William Taylor as DGAMS on the 31 December 1901 with Colonel Alfred Keogh as deputy DGAMS with the rank of Surgeon-General; Brodrick had promoted Keogh over the heads of 30 to 40 senior officers [8]. On the same day another Royal Warrant proclaimed that the DGAMS was a member of the War Office Council and Executive Committee and additionally the Deputy DGAMS was a member of the new Advisory Committee. The AMS was now represented on three boards and, as *The Lancet* commented “never had the Army Medical Board had so much influence at the War Office”.

Keogh's spectacular promotion sent a clear message that he was earmarked as the leader to steer the task of reforming the RAMC to a successful conclusion. The choice had been between age and youth and Keogh was one of many young officers emerging from the war with new ideas about the future, a fact that Lord Roberts was not unaware of and as C-in-C his final approval on the selection of DGAMS was mandatory. Roberts was sixty-eight years old and a reformer who favoured promotion on merit and welcomed the progress of youth [9]. He was said to have a penchant for promoting younger men above their older seniors: which caused more than one upset in the staunchly conservative War Office [10].

Roberts could never have favoured Taylor who was almost as old as Roberts for one thing. In addition to the question of age Taylor represented the past and failure while Keogh represented the future, a preview of which Roberts had seen in Pretoria. Over the next two years the speed of converting recommendations into action with little fuss had the hallmark of a younger, dynamic Alfred Keogh rather than that of William Taylor, leaving one with the impression that Sir William Taylor's appointment was a compromise.

At a time when many thought that the health of the army was too important to be left to the military, Surgeon-General Alfred Keogh, as Chairman of the Advisory Board, began the process of correcting misunderstandings. He successfully opposed the appointment of civilian sanitary specialists paving the way for the appointment of Major David Bruce and Major William Horrocks, a sanitary expert. Amongst the Board's terms of reference was the transfer of the Army Medical School from Netley to London to facilitate the training and study of medical officers by liaising with leading teaching hospitals and medical colleges in the capital.

New Year's Day 1902 heralded a new dawn and Sir William Taylor took an early opportunity to squash rumours, bury the past and bolster morale when he addressed medical students; “There are rumours that the sentence of death has been sounded on the RAMC. Nothing could be farther from the truth; we face only reconstruction, which will be for the good” [11].

The Advisory Board presented its report to the War Office at the beginning of March; a remarkable display of alacrity that was even quicker than the Committee of Experts. On the 29 March 1902 the New Warrant, by special Army Order 1902, was issued. The collective sigh of relief by a tense Corps must have been heard throughout the land. The Warrant covered all the topics that needed reforming; increased rates of pay, promotion by selection with officer ranks in line with army convention. There was to be an Army Sanitary Department, transfer of the Army Medical School to London, the DGAMS to receive an increase in rank to Lieutenant General with a suitable increase in pay. There was a unanimous opinion that a door had been opened for more scientific and professional study.

Peace in South Africa was restored on 1 June 1902 with the surrender of the Boers at Pretoria. It was a moment of saviour, but for Keogh and the RAMC the real battle for hearts and minds had just begun.

Reconstruction

Barely one month after the end of a bitter war, *The Lancet* expressed concern about lack of movement on the prevention of typhoid. It demanded that “it is time to go from the academic to the practical; less rhetoric and more action”. In fact the RAMC had moved very efficiently behind the scenes. In July the idea of “a journal for the AMS” was proposed by the DGAMS, the AMS vote was trebled and on the same day it was announced that the War Office had arranged a temporary renting of the laboratories of both Royal Colleges of Physicians and Surgeons on the Thames Embankment. Rumours were also circulating about a new military hospital and medical college to be built near the Tate Gallery [12].

By the 11 August, Lt Col Richard Firth and Professor Almroth Wright with their staff were established at the new Army Medical College in rented accommodation and the College began its first session on September 13. Finally on the 20 September *The Army and Navy Gazette* announced that “the Army Medical Department of the War Office will move from 18 Victoria Street to a more substantial address in the same street”.

1902 witnessed the remarkable administrative skills of Major General AH Keogh and his ability to “get things done”. It was a good year for the RAMC and it ended with high expectations; however the commencement of a new Royal Commission under Lord Elgin to investigate the conduct of the war had a sobering affect on the reformers. Unlike the Romer Commission it was welcomed as a way of wiping the slate clean and although the Commission cast a shadow over the last part of the year good news continued to provide diversions.

The Royal (Elgin) Commission started its sittings in September 1902, lasted fifty-five days and ended in the spring of 1903. The extent of the enquiry involved 114 witnesses and 22,300 questions. The Commission's report was published on the 23 August 1903 initiating reform of the Army that was so radical and complete that it ushered in a new military era [13]. It revealed that understaffed and lacking resources the AMS had simply collapsed under the pressure. Administration was the keystone in the efficient running of the AMS and the Boer War exposed a network of faults that found their way back to a cataclysmic failure of administration. The Commission established that the newly formed RAMC was, unless reformed, hopelessly inadequate for modern warfare. The Advisory Board, under Keogh, had judiciously anticipated much of the Commission's findings at least a year before the report; the Commission merely applied the *coup de grace* to the traditionalist's case.

Efficiency and preventive medicine

1903 saw an end to the criticism that had beguiled the RAMC for over two years. It was replaced by a new found confidence within the ranks of the RAMC. The solitary casualty of the Elgin Commission was Brodrick who was replaced by Hugh Arnold-Foster. At the War Office the Esher Committee was in the process of creating a General Staff; which was so vital to the nation's security that everything else became secondary to it; including further reform of the RAMC.

A popular word of the time was efficiency [14]. Considered a measure of excellence, efficiency was introduced into all walks of life such as business, government, medicine and the Army. The formation of a National Efficiency Movement resembled a cult - something to be revered. For Keogh and his colleagues it presented a *raison d'être*. Preventive medicine had been identified with efficiency in the late nineteenth-century [15] and the RAMC already possessed knowledge and experience in preventive measures; in sanitation, hygiene, epidemiology and

the anti-typhoid vaccine. Unfortunately they had never been allowed to practise it. The pursuit of preventive medicine as part of military planning now became the order of the day. A deluge of ideas on the varied aspects of preventive medicine were produced; education of troops in hygiene, control of water supply, the value of sanitary workers, organisation, administration, authority and discipline.

The Professor of Hygiene, Lt Col Richard Firth, began the assault on the sceptics with the destruction of military and political objections. Organised field sanitation would, in Firth's own words; "reduce the cost in money and loss of military efficiency by a third". Recognising that it needed to be practised in peace to be effective in war, Firth proposed the establishment of a school of hygiene to enhance the training of officers and men.

RAMC scientists by making a virtue out of simplicity overcame the major objection of the military; time and mobility. Testing water for its suitability was followed by successful rapid chlorination of water and the introduction of field kits for individual sterilisation. Improvement of the typhoid vaccine was occurring while discoveries in tropical medicine were improving the health of the Army. The icing on the cake was news that £100,000 was available to build a state of the art medical college and new military hospital at Millbank.

For the next two years a procession of innovative discoveries was interrupted by two events. In December 1904 Keogh was promoted to DGAMS in the rank of Lieutenant General - the *BMJ* called it "a break with the past". From that moment the DGAMS exerted an important influence on the health of the Army. Later the Russo-Japanese war of 1904-5 demonstrated the value of preventive medicine. The Japanese Army had achieved a ratio of wounded to sick of 1:1.15; in South Africa the ratio had been 1:20. Optimists among the ranks of the RAMC who hoped this would force changes in attitude to preventive medicine were disappointed. The government somehow managed to avoid making any comments let alone decisions.

It was not necessary to face dangers in South Africa to be at risk; in Edwardian Britain life was a battlefield. Reports of smallpox in Lambeth, typhoid in Southampton and plague in Dublin and Glasgow were not improved by concerns about the physical stature of the British race. In recruiting stations around the country young men were weighed, measured and found wanting. It was important enough to engage the attention of the Inspector-General of Recruiting. A government commission, the Interdepartmental Commission, uncovered a mass of poverty, sickness, malnutrition and squalor; but no evidence of "physical deterioration". These findings formed the basis of the future welfare reforms by the Liberal Party.

An army does not go to war for its health

Historically, the new Liberal government of 1906 is noted for its social welfare reforms and Haldane's army reforms. In the face of a government intent on unilateral disarmament, Haldane and the Liberal's welfare programme combined to give the RAMC a defined sense of purpose; with Keogh at the helm the flow of history was with the RAMC.

Haldane's creation of the Expeditionary Force and the Territorial Force gave Keogh ample room for his imaginative and creative abilities to excel. At a stroke his anxieties concerning lack of a reserve and sanitary personnel were appeased. Keogh's formation of the sanitary companies within the ranks of the Territorial Force completed the reform of the AMS with its complete integration into the military structure. Haldane wished the New Force 'to bridge the previous social and geographical gaps between Volunteers and Yeomanry' whilst the medical element was to 'have all the units presently in the

Regular RAMC, and a full establishment of nursing sisters and nurses' He also followed Keogh in calling for specialist doctors and surgeons to join. The result was that Medical TA units happily began to function all over the country from 1908; 'No 1 TA hospital' was from Newcastle and the second was from Birmingham, these designations continuing until today as 201 and 202 Field Hospital.

The School of Hygiene was established in August 1906, followed by the formation of the first sanitary company in April 1908. The Royal Army Medical College was opened in 1907 at Millbank, together with the prestigious Queen Alexandra Military Hospital. On 23rd June 1909, the College became a School of the University of London in the faculty of medicine and on the penultimate day of the year, Cambridge University recognised the College for the degree of Bachelor of Medicine. After extensive field trials the new, improved typhoid vaccine was available for general use in 1909. But on the 18 November 1908 in a memorable address at the Royal Sanitary Institute, Keogh set the future pattern of medicine in a military environment when he announced the acceptance of sanitation as part of the military creed.

Keogh centred his analysis on those ageless military requirements, time and fighting strength; essential to an organisation whose only business was waging war. Keogh recognised that in order to achieve the integration of the RAMC into army formations required compromises. It meant putting the interests of the Army over that of an individual, to engage in and assist, not hinder the pursuit of military activity. All medical activity was subordinate to getting the greatest number of troops to a decisive point in the shortest possible time, any delays or hesitation by the medical organisation was unacceptable because, as Keogh put it, "an army does not go to war for its health." Just as Haldane had correctly answered the question "what is the army for?", so Keogh answered the question that had been wrongly answered over the centuries; "what are the army medical services for?" Keogh stated that medicine in the Army is pressurised by economy; to save money in peace and time in war and provide sufficient fit troops to satisfy commanders, in short to provide medical skills in the interests of an army at war

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SIR ALFRED KEOGH – THE GREAT WAR

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'Sir Alfred Keogh'

Sir Alfred Keogh left office in 1910 and witnessed the rise of Germany and its aim to dominate the world scene over the following years outwith the Army [3], but he had made the medical services of the British Army as prepared for the coming Great War as at any date in our history. Now they were to be tested to the full. However, in the earliest days complaints began to appear.

Recalled to the colours in 1914, Keogh and his staff arrived in Rouen, on 25th August to set up their Headquarters,

where they met General TM Woodhouse, the DMS, and heard of the enormous problems he was experiencing. These arose largely on account of the sacking of Lord Haldane as Secretary of State for War, in the mistaken belief of his German sympathies, and the appointment of Lord Kitchener in his place. Haldane and Keogh had together planned the mobilisation of the RAMC, Regular and Territorial, in the event of a major European War. Kitchener, who had spent the previous years abroad, knew little of the Territorial Army and had an unfounded distrust of them. He virtually disbanded the Territorial Divisions, sending units overseas to relieve the Regular Army on Garrison Duties around the Empire, and with them went the Field Ambulances and Hospitals which were to reinforce the Regular RAMC in France. In addition the Medical Directorate at the War Office was lacking a strong Director and indeed, Lieutenant General Sir Arthur Sloppet, the new Director General, suffered a breakdown over the strain.

Lt Gen Sloppet was sent to France at the end of October 1914 by Kitchener, ostensibly to correct problems between the Red Cross and the Order of St John. Keogh, who was already in France as Chief Commissioner of B.R.C.S, was returned to London to take over as DGAMS at the War Office, uniquely for the second time and set about transforming the working of the Medical Services aided by the work of Sir David Bruce, Commandant at Millbank, superintending background research and development.

Keogh at once set about putting things to rights. He altered the methods of evacuation, with help from French colleagues, and motor ambulance cars began to be used, with immediate benefit. The 'new' disease of wound gangrene, who's causative organisms were so prevalent in the agricultural soil of France, was also addressed. Typhoid had not appeared, owing to universal inoculation amongst the B.E.F. Later still, he encouraged research into shell-shock and surgical shock. He had the best of relations with high civilian medical staff, professors and researchers, and was respected. He tactfully consulted many, and the 'rank system' for civilians was a good way of ensuring their help and input¹.

'Keogh had the great faculty of enlisting cheerful service in all who worked with him. His own spirit was so loyal and modest and so entirely disinterested, that self-seeking and self-advertisement could not live in his presence.....'

His mind was always open to new ideas. He would read closely letters from cranks and quacks in case there should be some idea in them, which would be worth following up. When the need was urgent he would break through all rules and routine and brave the wrath of Departments nominally set over him [1].

In addition he had to show immense patience in dealing with titled ladies who opened their stately homes for Hospitals. They were forever writing, complaining about the medical staff or lack of equipment, or asking him to travel to inspect their particular hospital. All got a hand written reply, keeping the peace and assuring co-operation.

He was constantly written to by parents of soldiers or of men killed or wounded. These, too, he replied to with kindness and sympathy. Many senior officers since, who do not reply to bona fide requests, might pause to remember Keogh.

JA Spender describes how Keogh became distracted with anxiety about the evacuation of the wounded from Gallipoli. *'He let me take the whole War Office file and carry it to Balfour, who was First Lord of the Admiralty. Instant measures were necessary; I could explain it in five minutes, the official routine would have taken ten days. I suppose Balfour ought to have put me under arrest, but he was grateful and understanding and eight days were saved. I was told afterwards that the affair came to the knowledge of the Dardenelles Commission and that the Late Field Marshal Lord Nicholson expressed himself in high language about the conduct of the Director General in letting secret and confidential War Office documents pass into the hands of an irresponsible journalist. Suppose I had dropped it between Whitehall and Carlton Gardens, suppose I had let it pass into the hands of the enemy, suppose – most monstrous of all – I had conveyed its contents to the 'Westminster Gazette!'The Director General smiled and said he would do it again.'* [2].

Keogh was to be further horrified by the reorganisation of the Medical Arrangements for Gallipoli in August 1915. 'Following adverse comments on the April (Medical) arrangements, a new functionary had been introduced. This was Surgeon Admiral Sir James Porter, dragged out of retirement to be "Principle Hospital Transport" in charge of all the hospital ships and the misemployed transports known as the 'Black Ships'. His remit was to direct all movement of casualties, sick and wounded, naval and military, by sea in the Mediterranean. A Principle Director of Medical Services, Surgeon General Babbie, had also been introduced into the system. Like Porter, his sphere of control was defined as extending "from high water mark" (In a virtually tideless sea) and Hamilton (C-in-C) had no control over his activities. The three medical officers were thus placed in an impossible position, none really knowing where his responsibilities began and ended.' Keogh continued to object to the arrangement and Porter was quietly returned to England in November 1915.

1. A system was quickly instituted of giving what would be now described as high-quality medical men the military rank of colonel, and they were issued with uniform of that rank. Sir William Osler, Professor of Medicine at Oxford, and Sir Wilnot Herringham were physicians, Sir Anthony Bowlby, Sir George Makins, surgeons – who operated in France, Sir Arthur Wright a leading bacteriologist, and W.T.Lister, an ophthalmologist. The most outstanding, such as Moynihan, were promoted generals, and there were many others country-wide.

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The early months of 1916 were to be dominated by the efforts of some to attack Sir Alfred Keogh. These were made by low-quality MPs, with some support from certain civilian professors. There was even a debate in Parliament [7]. General Sir Nevil Macready, Adjutant-General in the latter part of the War, in his autobiography, writes: *'In the late War I can honestly say, that as regards the European theatre, the medical services, though hard pressed, were never on the verge of a break down. That the organisation stood the test of the enormous inflation that was forced upon it, even after taking into account the invaluable aid rendered by the recognised heads of the civil profession, and by the British Red Cross and other kindred societies was due to the untiring work and admirable organising powers of Lieutenant-General Sir Alfred Keogh, who, from the days of the South African War to the time he retired in 1910, devoted his abilities to the task of building up an organisation which would stand the test of war. It stood the test of war, greater even than he visualised. Happily for the Army, Lord Kitchener recalled him to his former post of DG of the AMS when war broke out in 1914, and during the two years it was my privilege to work with him I learnt the secret of success of the organisation to which he had given his life's work.'*

The official history of the Medical Services during the Great War is of itself an historical monument to his achievements. And yet this was a man against whom a dead set was made in Parliament and the press in 1916 and 1917, proposals even being made to replace him at the head of the AMS by a civilian. The sources of this campaign were known at the War Office – a combination of personal jealousy, newspaper propaganda, and political intrigue. Two main planks of the attack were almost amusing. It was urged that the medical inspection of recruits in Great Britain should be handed over to civilian doctors, at a time, when, actually, out of 900 medical officers engaged on the work only 45 had ever been in the Army Medical Service, of whom 20 were actually serving.'

In the New Years Honours of 1917, Keogh was elevated to Knight Grand Cross of the Order of the Bath, being the first Army doctor to be so honoured. Letters of congratulations poured in from the all strands of society, from Dukes to the humble medical orderly. Letters from the Medical world were full of praise for his work and the enhancement of the Medical Profession. Sir Frederick Treves, who had always been admirer of Keogh since the South African War, wrote *'A thousand congratulations. You have reached to the top hole and have made a record for the RAMC. This honour will give more pleasure to the medical profession generally than it will you.'* Sir Berkeley Moynihan, (Later Lord Moynihan the eminent surgeon) wrote, *'The news which I have just read... of your decoration with the GCB, has given me a greater pleasure than I could make you realise..... Of your deserts it would be improper for me now to*

say anything. One fact however is common knowledge – that you have received an unstinting degree of trust, respect and affection of every medical man who has had the high privilege of working under you. The representatives of the Profession may some day be able to speak without restraint, and to act in accord with their opinions. Then, I hope, other honours await you. Meanwhile your honour & success are ours. You have exalted our calling in the eyes of the world - & there is nothing greater than that, that any man can do. In profound respect and content with your leadership, I am, Yours Berkeley Moynihan

In August 1917, Keogh was elected a "Grand Officier – Legion d'Honneur" by the President of France, and permission was given by the War Office to wear the foreign decoration. The Birthday Honours for January 1918 included the award of the Grand Cross of the Victorian Order (GCVO) by the King to Sir Alfred Keogh. Perhaps the King had had word that Keogh was going to finally resign from the post of DGMS at the War Office, and return to working full time as Rector of the Imperial College of Science and Technology. Lord Crewe and the Governors had been asking the War Office for his return to Kensington for some time, and certainly Keogh had had enough of the back-biting and jealousies of some medical colleagues, and also needed a rest from the awesome task he had been carrying out for the previous 3 ½ years. But like so many others who have suffered in the same manner, it was he who triumphed in the end, and not they. In January 1918, Keogh resigned from the post of DGMS. His place was taken by Colonel THCG Goodwin, the Assistant DGMS.

Keogh was inundated with letters from Medical men, from the highest to the humblest of soldiers in the RAMC. Sir Edward Wallington, Private Secretary to Queen Mary, wrote from Buckingham Palace: *'The Queen desires me to tell you how much she regrets your decision to resign your appointment as Director General AMS and to thank you very sincerely for the kind and prompt manner in which you have always responded to Her Majesty's many requests for advice. The Queen is afraid a great deal of your time has been taken up in making enquiries into rather trivial cases, but Her Majesty is confident that the sympathetic replies have of the greatest comfort to the petitioner.'*

So ended the active military career of this most Famous Figure. Keogh died in 1936, and had his widow burn all his personal files and papers.

References

1. Yorkshire Observer, 6th August, 1936.
2. Spender JA. 'Men and things'. Cassel, 1937
3. Hansard, 16 March, 1916.

Acknowledgements

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