Biographical Sketch

Charles Hewitt Moore, FRCS (1821–1870)

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Abstract This biographical sketch on Charles Moore corresponds to the historic text, *The Classic: An account of a Case of Fracture and Distortion of the Pelvis, combined with an unusual form of Dislocation of the Femur* (1851), available at DOI [10.1007/s11999-012-2425-1](https://doi.org/10.1007/s11999-012-2425-1).

Charles Hewitt Moore was born in June, 1821 at Plymouth, England to a family of shipbuilders [2]. He attended Plymouth New Grammar School, “where his fine natural disposition and intelligence won for him the high esteem first of the Rev. John Heyrick Macaulay, and, after his removal to the Head Mastership of Repton, of Mr. Walker and the Rev. Nelson Barnes” [2]. At age 16 he went to London as a house-pupil of a Mr. Skey at St. Bartholomew’s Hospital. After passing his examinations, he attained entry into the Royal College of Surgeons in 1842. He served for several years as an Assistant to Mr. Skey while supervising dissections for an anatomic course at Aldersgate Street School of Medicine. At the expiration of his appointment, Moore went to Berlin and then Vienna from 1845 to 1847 [1]. On his return, he was appointed as a Demonstrator in Anatomy at the Middlesex Hospital, where he remained for 20 years. He resigned his post and after a two-year period without an appointment was given a position as Joint-Lecturer, systematic surgery, University College Hospital in 1869. Shortly after that appointment in April, 1869, he fell ill with a severe headache. The symptoms abated, and it was thought he might have suffered from “nervous depression” [2], but the symptoms

returned and he died about six weeks later. The autopsy showed an “apoplectic clot” (cerebral thrombosis).

The anonymous writer of his obituary [2] described him thus:

Sedate, cautious, and self-possessed, never speaking unless he had something of value to say, or without careful previous consideration, and putting conscience into every work he undertook, Mr. Moore was listened to with attention, and his opinion carried weight, in committees, councils, and societies, where he did much useful and solid work which never met the public eye. But the leading feature of his character was his deep religious feeling, and his firm grasp of gospel truth and of a living Saviour, which, dating from his residence in Berlin, supported and cheered him in afflictions and bereavements, led him to put forth earnest efforts in connexion with the Christian Medical and other Associations for the spiritual good of others, and were a constant solace to him amidst the terrible sufferings that preceded his entrance into the everlasting rest.

We republish here a remarkable case report on a severe pelvic fracture, but he published a number of other case reports on various tumors (PubMed lists 13 articles) and other articles. One of his best known works was on “Rodent Cancer” (an early term for squamous cell carcinoma of the face, and so called because it appeared a rat had eaten into the face). (This book is now available in reprinted form.) He also published a fascinating small monograph, “On Going to Sleep,” in which he described the processes and speculated on the neural mechanisms [6] (this volume is available on Google Books). He translated from the German Rokitansky’s influential, “Manual of Pathological Anatomy.”

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The case report Moore originally published in 1851 [5] and republished here is remarkable for its detail (and drawings) of the postmortem findings. (The detail far exceeds that in the more famous case report by Malgaigne in 1844 [3] and republished in English translation in 2007 [4].) Moore commented, “THE subject of Deformities of the Pelvis is one which has met with very full and satisfactory investigation. The causes from which they arise, and the mode in which each cause produces its proper consequent deformity, have been so well ascertained, that it can be at once determined by some salient characters whether any particular specimen be an instance of congenital malformation, or of deformity from disease, or from injury.” This was, of course, in the pre-radiographic era, and while perhaps many aspects were common knowledge, the writings prior to this time appear meager, suggesting much common knowledge is not passed down to subsequent generations. At the time, pelvic injuries were relatively uncommon, arising mostly from falls from heights, and most were either minor or quickly led to death in association with other injuries. As justification for this report, Moore said, “Examples are exceedingly rare, however, in which more than one cause of deformity exists in the same pelvis; and there is, I believe, no instance in which so many of the principles of deformity are illustrated

as in the accompanying specimen. By these reasons, as well as by the extensive nature of the injuries it has sustained, I am induced to lay an account of it before the Society.” Today, of course, pelvic injuries, including those of a severe nature with other life threatening injuries are relative common as a result of high-speed vehicles.

Moore evidently impressed his colleagues: “In addition to contributing to the Medico-Chirurgical Transactions the numerous papers to which we have above referred, he was for some years one of the most able and zealous officers of the Royal Medical and Chirurgical Society...” [2].

References

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