CIRENCESTER CIR 78 EA II (14) HUMAN BONE REPORT: GUY GRAINGER

The bones submitted for examination were labelled as Burials 1104 and 1105. Infact the mixed remains of at least three individuals were present. The bones were in poor condition, fragmented with considerable post-mortem damage.

Age was assessed using dental attrition together with the evidence from disease and a skeletal anomaly linked with age. Stature for Skeleton I is calculated from measurement of the left fermur, using the formulae of Trotter and Gleser.

Key to dental formulae:-

Li C = Lingual caries

= area missing

/ = lost post mortem

X = lost ante mortem

R =Root only present

Skeleton I:

The remains of this skeleton could be distinguished by their size and robustness. They were of an adult male aged more than 35 years. Stature was 173 cms.

Disease: Osteoarthritis was present in the axial and appendecular skeleton. Heavy lipping of all vertebrae, considerable lipping and eburnation of the hip joints, and lipping to a moderate degree at the proximal articulations of both ulnas were seen.

A possible cyst, oval in shape with a maximum diameter of 12mm was found on the anterior surface between the head and neck of the left fe mur. No firm identification is possible due to post mortem damage.

Anomalies: A squatting facet 10mm x 6mm was seen on the right tibia. This anomaly could not be looked for on the left tibia due to surface erosion of the bone.

The xiphosternum had ossified and fused to the sternum.

Discussion: In view of the severity of the osteoarthritis, and the fusion of an ossified xiphosternum to the sternum, an age of 35 years is the lowest possible for this individual.

It is quite possible that the age is above 45 years.

Skeletons II and III:

2 individuals of indeterminate sex. Both smaller and less robust than skeleton I. One was probably aged between 25-35 years, the other over 30 years.

Dental Formulae

Skeleton III — \$\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f

alveolar was noted in the the

Slight calculus and moderate resorption anterior part of mouth, heavy resportion in molar area; all molars except one root lost some time before death. Some of the resorption, at least in the anterior area, is probably due to periodontal disease. Although it is possible that this jaw belongs to skeleton I, it is more likely that it does not.

Disease: Slight eburnation of some vertebrae was seen, suggesting osteoarthritis.

General Bone:

Fragments from two frontals were examined. One probably belonging to skeleton I consisted of a single fragment from the left supra orbital region. The fragment was thick with a large sinus development and a large supra orbital notch. The other frontal was thinner, with less sinus development and had a supra orbital foramen on the right side and a supra orbital notch on the left side.

2 Occipitals were present one having at least 2 wormian bones at the lambdoid suture.

Also seen :- Bos size rib fragment.

2 pot sherds. 3 fragments of iron.