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Note on Skeleton 1 from Shakespeare Dock, Doncaster

Ancient Monuments Laboratory
Report No. 3894

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The bones from skeleton 1 were re-examined in the Laboratory at the request of Justine Bayley in an attempt to establish the cause of the antemortem pathological changes that had been observed, in particular whether this might represent a possible case of leprosy. The remains were also examined by Dr. Keith Manchester, Chairman of the Leprosy study group of the Palaeopathology Association.

The bones present included the skull, mandible, sternum, right scapula, two right and eight left ribs with some unsorted fragments, the atlas and axis together with six fragments of thoracic vertebrae, the right humerus and the right femur. Although these remains were well preserved it must be noted that they represented only a small proportion of the whole skeleton and this severely limited analysis.

There was evidence for antemortem pathological changes on the skull and right femur. On the femur this was confined to slight subperiosteal deposition of new bone on the shaft immediately superior to the distal epiphysis. This was not regarded as significant. On the skull the nasal region was involved: there was slight thickening of the right nasal wall, a small elevated region on the right nasal floor, blurring of the anterior nasal spine, slight inflammatory changes on the bony

palate and alveolar recession around the maxillary incisors.

The most important features (for the consideration of leprosy) were the anterior nasal spine, the bony palate and the alveolar margin of the maxillary incisors. The thickening of the right nasal wall and the elevation on the right nasal floor were not regarded as important since they were consistent with almost any infection that might affect the nasal area. The blurring of the anterior nasal spine was not marked nor was there any evidence for surrounding osteitis. Further the inferior nasal margin was morphologically smooth such that the anterior nasal spine could conceivably merely have been a continuation of this. The recession of the alveolar margin was not confined to the incisal area but occurred on all the teeth, although it was more marked anteriorly and there was some mild osteitis present in the tooth sockets. The inflammatory changes on the bony palate were minor and conceivably could have been caused by post mortem erosion of the bone.

Whilst the bone changes described above could all have been explained in terms of morphology or pseudopathology (ie. post mortem erosion) it was notable that they were within the confines of the criteria defined by Moller-Christensen (1961) for a diagnosis of facies leprosa. However Moller-Christensen also observed alterations to the nasal septum and conchae and the lacrimal bone and groove, none of which were seen here. It was unfortunate that the tibiae, the fibulae and the bones of the

hands and feet were unavailable for study since these would greatly have facilitated a diagnosis of leprosy. In their absence it was only possible to conclude that whilst the bone changes observed on the skull could have been the result of leprosy it was not possible to say with any confidence that they were, nor was it feasible to attempt any other diagnosis.

Bibliography

Moller-Christensen V.: Bone Changes in Leprosy.
J. Wright and Son, Bristol. 1961.

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