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Report 101/88

THE HUMAN SKELETAL REMAINS FROM ALBANY PLACE, DOVER, KENT, 1980.

Christine Osborne BTech MSc

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Summary

4 inhumations (2 male adults, 1 female adult and 1 child) were recovered from the late Saxon cemetery at Albany Place.

Author's address :-

27 Gurney Road
New Costessy
Norwich
Norfolk
NR5 OHE

ALBANY PLACE, DOVER, 1980

This group of inhumations consists of four individuals, one of which is comprised of just a skull and mandible and fragments of vertebrae. The information obtained from these skeletons is discussed briefly below.

Sexing

Sexing was based on those characteristics of the skull and pelvis which differ in males and females. Though not as accurate, longbone measurements were used (principally that of femoral head diameter). As characteristics of sexual dimorphism only develop during puberty, the sexing of immature individuals is not possible. Within this group one of the individuals is an infant, and the three others consist of two males and one female.

Ageing

Ageing of adults is based on attrition of the molar teeth, the fusion or non-fusion of the epiphyses and, in males, the development of the pubic symphysis. The latter is not advisable for the ageing of females due to changes at the pubic symphysis that occur with childbirth. The ageing of young individuals is more accurate than ageing adults if the dentition is present since age can be gauged from the different stages of tooth development. If no dentition survives, immatures can be aged from longbone lengths. However, the infant in this group had no surviving dentition, and though longbones were present they were broken and could not be measured. One of the males and the female could only be classed as adult, the other male was in his mid-20's (based on both tooth attrition and the pubic symphysis).

Stature

Stature can be calculated from longbone lengths, and so is not possible if all the longbones are fragmented. Also, sex has to be established as the stature calculations vary for males and females. Within this group only one of the males had any unbroken longbones, and his height was calculated to be 1.82m $\pm$ 3.94cm.

Dentition

When present, the dentition is recorded using the following formula for permanent teeth.

right side of maxilla 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 left side of mandible
right side of mandible 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 left side of mandible

where 1=medial incisor
2=lateral incisor
3=canine
4=1st premolar
5=2nd premolar
6=1st molar
7=2nd molar
8=3rd molar

Any tooth loss, either post mortem or ante mortem is recorded, along with any pathology and dental anomalies, and the following notation is used.

/=tooth lost post mortem
X=tooth lost ante mortem
U=unerupted or congenitally absent
C=caries present
A=abcess

All three of the adults had some surviving dentition, two exhibited some ante mortem tooth loss, and one had caries.

Pathology

Only two of the individuals exhibit any pathology. In the adult female this is confined to both scapulae where the bony lipping characteristic of degenerative disease is found around the rims of both glenoids. This degenerative pathology is also found on the spine of Grave 5, which also exhibits Schmorl's nodes (a result of the herniation of the intervertebral disc and failure of the cartilagenous end plate). This same individual also has cranial porosity, a pitting of the calvarium which is thought to be indicative of iron deficiency anaemia in childhood, signs of stress at the point of insertion of the costoclavicular ligament on the right clavicle, and a navicular which was broken ante mortem.

ALBANY PLACE, DOVER, SKELETAL INVENTORY

DV 8874

Fragments of skull (no teeth)
5 neural arch halves
Fragment of ilium (pelvis)
Both scapulae
Both femora
Right ulna
Both humeri
Proximal end of tibia
Fragment of fibula
1 left and 3 right ribs
2 possible metatarsals

All the bones come from an infant - they are small, delicate, and underdeveloped. Ageing is not possible as there are no teeth and the longbones are broken.

DV 8920 Grave no. 2

Skull
Mandible
Fragment of atlas vertebra

Dentition

																A	
R	~~8~~	~~7~~	~~6~~	5	4	3	2	~~1~~	1	2	3	~~4~~	5	~~6~~	~~7~~	~~8~~	L
	8	7	~~6~~	~~5~~	4	3	~~2~~	~~1~~	~~1~~	2	3	4	5	6	7	~~8~~	
		C											A		C		
		A															

Mandibular right 7 has a large caries cavity on the distal root and crown which extends into the occlusal surface. Mandibular left 7 has a caries cavity on the distal crown and occlusal surface.

There is evidence to suggest that there may have been abcesses by maxillary left 7/8, mandibular right 7 and mandibular left 5, where the tooth was broken ante mortem, leaving only a small piece in situ.

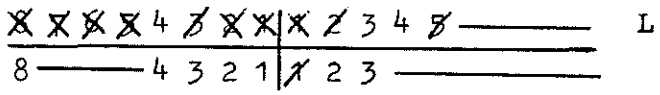
Age Adult (development of teeth and skull sutures)

Sex Male

DV 8918 Grave no. 3

Skull
Mandible
Both clavicles
Both scapulae
Both humeri
Both radii
Both ulnae
6 metacarpals
3 hand phalanges
2 left and 2 right ribs + fragments
Vertebral fragments
Fragments of sacrum
Both pelves
Both femora
Both patellae
Both tibiae
Both fibulae
3 tarsals
10 metatarsals
All the bones are broken and fragmented

Dentition

R  L

Age Adult (fused epiphyses)

Sex Female

Pathology

Both scapulae have some bony lipping around their glenoids.

DV 8936 Grave no. 5

Skull
Mandible
Both clavicles
Both scapulae
Fragments of sternum
Both humeri
Right ulna
5 left tarsals

3 left metatarsals
7 hand phalanges
10 left and 11 right ribs + fragments
7 cervical vertebrae
12 thoracic vertebrae
5 lumbar vertebrae
Sacrum
Both pelves
Both femora
Right patella
Both tibiae
Both fibulae
7 left and 4 right tarsals
5 left and 5 right metatarsals
9 foot phalanges
Also: fragments of iron nails, a pottery sherd and some animal bone.

Dentition

R (8) 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
(8) 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 (8)

Age 17-25 years based on attrition
23-35 years based on pubic symphysis
Therefore probably mid-20's

Sex Male

Stature 1.82m ± 3.94cm (based on femoral length)

Pathology

The skull has cranial porosity centrally over the frontal, parietals and occipital. The left tibia has an area of non-specific periosteal reaction (thickening of the bone as a result of damage to the periosteum, either by disease or trauma) mid-way along the medial side of the crest. The right radius has two lesions on the lateral side of the tubercle. Schmorl's nodes run through the spine from T4 - L5. There is some bony lipping on both body rims of T10 and T9. The right clavicle has an area of stress at the point of insertion of the costoclavicular ligament. Finally, a fragment of the dorsal articulation of the right navicular was broken ante mortem and remained unfused.