Ste Nº 36

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Human Bone Report.

Two human skeletons were submitted for study. Skeleton ZB 325 was well preserved with little erosion of the bone surface, although the bones were rather brittle and fragmentary, In contrast, the skeleton from 'burial I' was poorly preserved, being wery brittle and fragmentary. Detailed descriptions of the skeletons are given below.

Burial I Lau 65 41 and 42

The very fragmentary (but fairly complete) steleton of an adult, probably male, is present. He was probably between 20 and 25 years old at the time of death.

Many vault fragments are present, but it was not possible to reconstruct the shull. Most of the cranial sutures are open, but the sagittal suture is partly closed.

29 teeth are present, including fully erupted third molars with little wear. The upper left second premolar displays distal nect caries; there is also a large mesial cavity in the adjacent first molar, with exposure of the pulp cavity. Possible early caries was observed on the labial surfaces of the lower third molars, above the nects. There is slight calculus on some teeth, but no alveolar bone recession is apparent.

Only two long bone measurements were possible. These are:-

Extremely slight, early bone changes due to osteoarthrilis, were observed on a lumbar vertebra and a few ribs.

Tr.ZB Bag 325

There is an almost complete sweleton (lacking left humanus) of an adult female more than forty years old. The swull vault was partly reconstructed, but was badly distorted (post-mertem) and therefore no measurements were made. Two lambdoid wormian bones and a squamo-parietal ossicle were observed. No teeth are present.

The following long bone measurements were possible:-

Femur.	left	right (m.m.)
	Max.length (FeL,)451	-
	Min.antero-post.diam. (FeD.) 24.0	•••
	Max.length (FeL ₁)	410
Tibia.	2	
	Max.length (TiL ₁)349	347
	Max. antero-post. diam. (TiD.) 34.9	34.6
	Max. antero-post. diam. (TiD_1)	19.9
Radius.		
	Max.length.(RaL,)228	227
Ulna.	· ·	
	Max.length.(UlL4)246	244

An estimated maximum stature of about 5'5'' is obtained using the regression

equations of Trotter and Gleser, for American White females. 1

There is evidence of a slight degree of bone degeneration and osteophytosis, due to osteoarthritis, at the hip, whee, and shoulder joints, and on some ribs, bones from the hands and feet, clavicles, and the auricular area of the pelvis. Most of the vertebrae in the thoracic and lumbar regions are also involved; the middle thoracic region is affected to a medium degree.

There are small areas of bone disturbance on the articular surfaces of the femora (distal), radii, and on the dorsal surface of the sacrum. These are probably also due to early arthritic changes in those areas.

The xiphoid process is ossified and fused to the body of the sternum.

There are a few horizontal vascular impressions on the mid-shaft regions of the tibiae.

1. Trotter and Gleser. Amer. J. Phys. Anthrop. 1952 10 463; 1958 16 79.