APPENDIX 15 – THE HUMAN BONES

By Mary Harman

Introduction
Most of the human bones from the site were from inhumations, though there were two cremations. The condition of most of the bones was excellent, the preservation being good and many of the bones unbroken though the more fragile ones such as ribs, fibulae and skulls were often fragmented.

Methods
The age of individuals was assessed from the degree of epiphyseal fusion, the state of tooth eruption and degree of tooth wear, based on the tables published by Brothwell (1965, 60-9). Where possible the sex of adults was decided from the relevant features of the skull and the pelvic girdle, together with the size of the bones and degree of development of the muscular attachments. The height of adults has been calculated from the total length of the long bones, using the formulae of Trotter and Gleser (Brothwell 1965,102)

Results
In Table A15:1 (see below, summarised in main text) some attempt is made to give a general picture of the dental health of each individual by noting the number of carious teeth in the teeth present, the number of abscesses in tooth sockets present, and the number of permanent teeth lost before death. The completeness of the skeleton is noted, and any abnormalities or evidence of injury or disease is mentioned.

Both the early burials have interesting pathological features. The middle Neolithic man in 602/A/1 suffered from fairly severe osteo–arthritis in the vertebral column, with slight traces on thoracic vertebrae 7 to 10, more serious tipping of the margins of lumbar vertebrae 1 to 4, and degeneration of the bodies of the cervical and first thoracic vertebrae, with cervical vertebrae 4 to 6 fused both at the body and articular facets on the arch. There is no indication of osteo-arthritis elsewhere on the skeleton.

The Beaker skeleton of the woman in Grave 618/A/1 has a lesion on the lateral aspect of the right femur, just below the greater trochanter. It is a hole penetrating the cortex of the bone, and surrounded by an area of roughness on the surface, with a layer of thin spongy growth around that, the whole affected area being about 55mm long.

The only other skeleton of especial interest is that of the late Roman burial 543, a man with four cuts on his skull. The first, 122 mm. long runs from a point about halfway
between the glabella and the bregma parallel with the sagittal line, through the frontal and right parietal to about halfway along the sagittal suture, where, being an oblique cut, it curves and just crosses the suture. The second cut roughly parallel with the first, and at least 131mm long, cuts through the right side of the frontal close to the junction with the malar, and then continues through the frontal and the right parietal just below the temporal line. The third cut, only 35mm in length, is almost a continuation of this through the right parietal but at a slightly different angle. The fourth cut, 60mm long, goes through the left parietal just above the parietal notch, and continues through the left temporal immediately above and in front of the external auditory meatus, penetrating the skull by at least 18mm. It seems likely that these injuries were the cause of death, though they may be post mortem mutilations.

As the table shows, many of the burials are those of infants which may have been still born or may have died at or shortly after birth. Some of these have been disturbed in antiquity, hence the individuals represented by isolated bones or partially complete skeletons. Burials of infants are not unusual on occupation sites. There are not enough individuals to draw any conclusions about the population of the area at any period represented in the occupation of the site.

Reference

Brothwell, D, 1965 *Digging up Bones*, London, British Museum Press