

Digital Chapter 5 : the Northern *vicus*

Part 3: Skeleton PB 73IF from Tofts Field 1973

Calvin Wells[†]

(file name : Ch5DInhumation)

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Digital Chapter 5: The Northern Vicus

Part III : Skeleton PB 73IF from Tofts Field 1973

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These remains consist of a severely crushed skull and a post-cranial skeleton in fair condition. Apart from the mandible, the skull is too damaged for any reconstruction to be feasible or rewarding. The post-cranial bones are somewhat broken, the vertebrae and pelvis badly so, with extensive soil erosion masking some of their features. The surviving parts of the shallow and roomy pelvis, the brow ridges, frontal sinus, articular surfaces of limb bones and other less obtrusive features leave no doubt that this was a woman. She was, moreover, lightly built, with markings on many bones which indicate that she had never had very strongly developed muscles.

The following measurements of her limb bones were taken:

	L	R
Hu L1	278.4	-
U1 L1	-	234.8
Ra L1	-	212.0
Fe L1	398.7	400.1
Fe D1	-	21.8
Fe D2	-	31.2
Meric Index	-	69.8
Ti L1	328.1	327.7
Ti D1	31.6	31.3
Ti D2	23.3	22.8
Cnemic Index	73.7	72.8

This shows that she was a short person, with a stature of about 1.543m. The Meric Index (Index of Femoral Flattening) is Platymetric; the Cnemic Indices (Index of Tibial Flattening) are Eurycnemic. Her mandible shows that she still retained ten teeth in it at the time of her death and six had been lost during life. The present state of this jaw is :

$$\begin{array}{c} \text{R} \quad \text{-----} \quad | \quad \text{-----} \quad \text{L} \\ \text{0 7 . 5 4 0 0 0} | \text{0 0 8} \end{array}$$

Attrition on the surviving teeth is severe, with exposure of dentine and hollowing of the biting surfaces. The 7⁺ has a large cervical caries cavity. All teeth have light deposits of tartar. They do not show any significant enamel hypoplasia.

The age of this woman, on the evidence of the pubic symphysis, can be estimated as between 60 and 70 years. Slender additional evidence from the skull, teeth and elsewhere is compatible with this.

Anomalies and pathology

There is nothing especially unusual or aberrant either in anatomical variants or in evidence of disease.

The cranial architecture, as far as can be seen, shows no anomalies of structure, tuberosities, tori, foramina or other features. It is too disintegrated to assess its racial affinities with any confidence.

Neither humerus has a septal aperture; neither femur has a third trochanter.

There is a small squatting facet (about 3mm in upward extension) on the distal end of the L. tibia. The R. tibia shows only a trace of a squatting facet (less than a millimetre in extent). This suggests that, although this old lady may have occasionally crouched down beside her hearth or squatted at a few domestic tasks, she had not spent much of her life in menial grovelling on knees or haunches.

The outstanding pathological changes here are found in the spinal column. This is too disintegrated to show the full picture but she had extensive osteoarthritis of the intervertebral joints in her neck. It was chiefly located on the C3 and C4 vertebrae and is markedly more severe on the left side than the right. Traces of osteophytosis, much obscured by soil erosion, are detectable on some thoracic fragments. It was also moderately extensive in the upper lumbar region (vertebrae L1 and L2) and was severe on L3 and L4. These two vertebrae were fused together on their left sides as a result of the severity of the condition. (These are all changes which are commonly due to senility). There is also evidence to show that, with the passing years, her intervertebral discs had hardened and narrowed. This, together with slight bowing of her spine, must have reduced her height by two or three inches (50 – 70mm) from the 1.54m which she may have been in her lissome youth.

Slight osteoarthritis is present on the head of her R. metacarpal and is well-marked, with ivory eburnation of the bone, at the distal interphalangeal joint of her left middle finger. Slight asymmetry of other interphalangeal joints suggests that she may have developed some rheumatoid arthritis as she grew older but it never became cripplingly severe.

Her L. calcaneus shows a small exostosis distally. This is at the area of attachment of the bifurcated ligament which unites the calcaneus and the cuboid. A trace of arthritic lipping is also present on the L. cuboid and the likely explanation is that she wrenched her foot in a stumble on rough ground or when jumping from a low height, tore some fibres of the bifurcated ligament, and developed a small blood clot which eventually ossified to become an exostosis.

Part of the body of a pubic bone shows that she had borne children: probably three or four. The rest of the skeleton provides only negative pathological evidence. Nothing, such as a fractured jaw, rib or forearm ("parry" fracture) is present to suggest that she had ever been punched or beaten. The absence of a broken wrist, leg (Colles' and Pott's fractures) or collar bone goes a little way towards suggesting that she had never had any really violent fall. The absence of widespread arthritis, apart from what can be attributed to senile degenerative change, hints at a fairly easy and physically sheltered life. Her lack of powerful muscularity reinforces this assessment.

The absence of enamel hypoplasia on her surviving teeth suggests that she had been well nourished and basically healthy in early childhood.

Summary

Although these remains have been extensively damaged by crushing and soil erosion, much may be inferred from them.

We can visualise a young woman, petite, well formed, perhaps overly curvaceous at the hips, but with neat hands and feet who, as a consequence of a healthy childhood and a fortunate social position, attained or perhaps exceeded the psalmist's ration of days. In her youth she had been lithe and agile but by the time we meet her she had withered perceptibly and was no longer supple. Her back was slightly bowed, which flattened her chest and let her shrivelled breasts sag low. Her neck creaked as she turned her head with difficulty (a head now carried a little tilted to the left). She munched awkwardly as she ate, running her tongue in the gaps between her teeth to dislodge gobbets of food, preferring paps to tough meat or bannocks. Nuts she could no longer abide. Her hands were stiff and through her thin, blue-veined skin the shrunken interosseous muscles revealed her metacarpal bones, like the bars of a linnet's cage. Her fingers fumbled clumsily when she attempted delicate tasks such as needlework, and in cold weather her swollen knuckles throbbed.