ST GILES HIGH STREET London WC1

London Borough of Camden

Archaeological watching brief summary

16th February 2015

Site Code: CPO14 Site NGR: 529940 181283



This summary presents the results of an archaeological watching brief by MOLA (Museum of London Archaeology) at St Giles High Street, London WC1 (Fig 1). The watching brief was commissioned from MOLA by Almacantar Limited, and carried out in December 2014 and January 2015 during service diversions associated with the adjacent development site at Centre Point. The results will be archived alongside records from recent archaeological evaluation carried out at Centre Point, under the same site code – CPO14.

The watching brief monitored the excavation of a single cable ductwork trench in the public Highway. The trench was located on the pavement outside St Giles Church at the junction of Denmark Street and St Giles High Street (Fig 2). It measured 3.03m E-W by 1.58m with a maximum depth of 1.25m.

The trench was excavated to expose existing services (Fig 3) but also encountered human remains. As a consequence, MOLA were asked to provide a watching brief and to obtain necessary permissions to allow the works to continue.

The watching brief revealed an 18th century brick wall on a N-S alignment beneath a modern manhole towards the eastern limit of the trench (Fig 2, Fig 3). The wall was 0.6m wide and its surface lay 0.75m below ground level (*c* 24.63m OD). The top 0.5m of the wall was excavated to the base of the trench, but its full depth was not exposed. The wall aligned with the gate post on the west side of the current gate of St Giles Church and would have once been within the historic limits of St Giles Churchyard.

A quantity of disarticulated human bone was recovered from backfill within the trench on both sides of the wall. The bone has been examined by a MOLA Osteologist and is discussed in a note below. Possible evidence of leprosy within the assemblage suggests it originally came from the graveyard of the Hospital of St Giles, which treated people suffering from leprosy up until the 16th century. The bone will be reburied in due course.

Summary: Jeremy Taylor Graphics Judit Peresztegi

Note on human bone from St Giles High Street

Don Walker (Senior Human Osteologist) 12th February 2015

This note gives brief details of disarticulated human bone recovered from unstratified deposits in the public highway outside the northern entrance of St Giles Church.

The assemblage was dominated by larger bone elements, such as the humerus from the upper limb and the os coxa, femur and tibia from the lower limb. Following the cataloguing of the bones, a minimum number of individuals (MNI) was calculated. The subadult (<18 years) MNI was 4 and the adult MNI was 28, making an overall total of 32 individuals. Biological sex could be assessed in 12 adults, with six males and six females represented.

The bones were briefly inspected for evidence of pathological lesions. The majority of lesions were found on adult bones. One cranium had porotic indentations on the parietal bones of the vault, typical of healed porotic hyperostosis. One thoracic vertebra had osteophytosis while two thoracic and two lumbar vertebrae had Schmorl's nodes. There was a healed mid-shaft fracture in a right clavicle, osteomyelitis in the shaft of a left humerus and osteoarthritis in the distal end of a right ulna. In the lower limb, two right and two left femora, and one left tibia, had bowed shafts reflecting the residual effects of vitamin D deficiency in childhood (rickets). The right tibia of a child was also bowed, again the result of rickets. Two right and two left tibiae were affected by non-specific periosteal lesions. One of the right bones was enlarged suggesting it may also have cortical infection (osteitis). One right femur had soft tissue trauma resulting from tendon strain at the proximal end.

The fragmentary remains of the dorsal surfaces of the tarsals of a left foot were fused, possibly as a result of dorsal bar formation. The bar forms due to ligament stress and arch collapse caused by subluxation of the tarsals. This is perhaps the most interesting example of pathological change in the assemblage, as it has been found in individuals suffering from leprosy (Anderson and Manchester 1988).

A female cranium had a small patch of surviving hair centred on a small copper alloy fragment, the corrosion products of the metal probably encouraging the organic preservation.

The predominance of larger elements within the assemblage suggests that the charnel contained only the partial remains of individuals, presumably disturbed during construction work or the digging of new graves through a pre-existing cemetery. It is likely that the larger bones were preferentially collected as they were the more visible.

Reference:

Anderson, J G, and Manchester, K, 1988 Dorsal tarsal exostoses in leprosy: a palaeopathological and radiological study, *International Journal of Osteoarchaeology* 15, 15–56

CPO14 watching brief report © MOLA

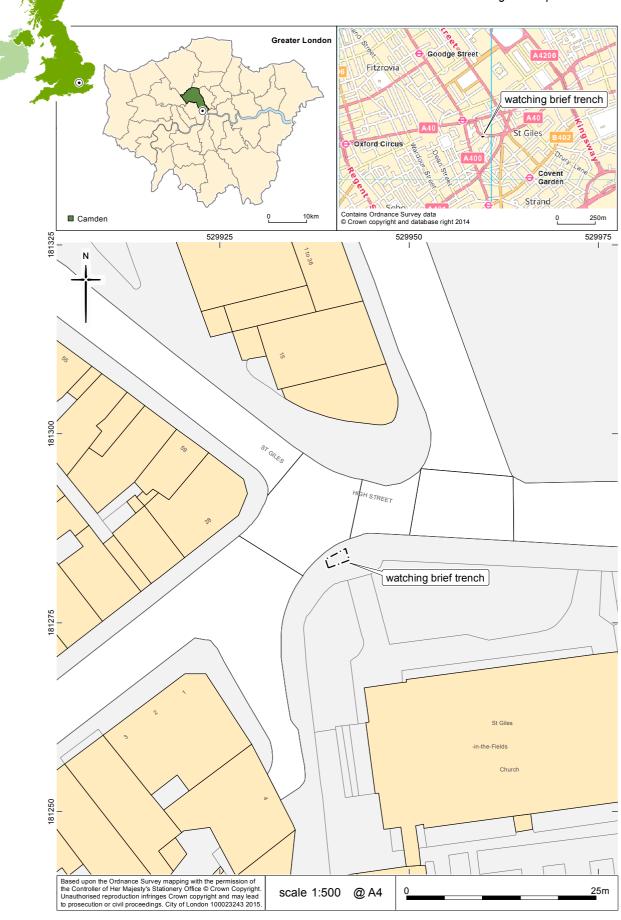


Fig 1 Trench location

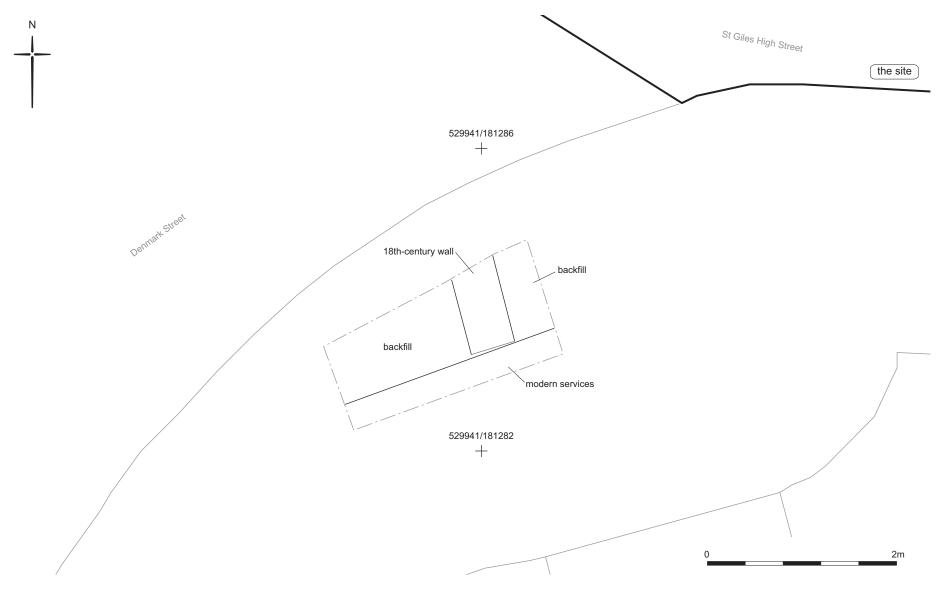


Fig 2 Post-excavation plan

CAMD1230WB15#02



Fig 3 Watching brief Trench 1, looking east. Shows remains of 18th-century brick wall beneath modern brick manhole

OASIS ID: molas1-204131

Project details

Project name St Giles High Street

Short description of The watching brief monitored excavation of a single cable ductwork trench the project in the public Highway. The trench was located on the pavement outside St Giles Church at the junction of Denmark Street and St Giles High Street. It was excavated to expose existing services but also encountered human remains. As a consequence, MOLA were asked to provide a watching brief and to obtain necessary permissions to allow the works to continue. The watching brief revealed an 18th century brick wall on a N-S alignment, beneath a modern manhole located towards the east trench limit. The wall was 0.6m wide and its surface lay 0.75m below ground level (c 24.63m OD). The top 0.5m of the wall was excavated to the base of the trench, but its full depth was not exposed. The wall aligned with the gate post on the west side of the current gate of St Giles Church and would have once been within the historic limits of St Giles Churchyard. A quantity of disarticulated human bone was recovered from backfill within the trench, on both sides of the wall. The bone has been examined by a MOLA Osteologist. Results of the analysis included possible evidence of leprosy. This suggests the assemblage originally came from the graveyard serving the Hospital of St Giles, which treated people suffering from leprosy up until the 16th century. The bone will be reburied in due course. Project dates Start: 10-12-2014 End: 21-01-2015 Previous/future work No / No CPO14 - Sitecode Any associated project reference codes Type of project Recording project Site status Local Authority Designated Archaeological Area Transport and Utilities 1 - Highways and road transport Current Land use Monument type HUMAN REMAINS Post Medieval Monument type WALL Post Medieval Significant Finds HUMAN REMAINS Post Medieval Investigation type "Watching Brief" Prompt Planning condition **Project location**

Country	England
Site location	GREATER LONDON CAMDEN CAMDEN St Giles High Street
Postcode	WC1
Study area	4.78 Square metres

Site coordinates	TQ 29940 81283 51.5150103631 -0.127138332929 51 30 54 N 000 07 37 W Point
Project creators	
Name of Organisation	MOLA
Project brief originator	MOLA
Project design originator	MOLA
Project director/manager	David Divers
Project supervisor	Jez Taylor
Type of sponsor/funding body	Developer
Name of sponsor/funding body	Almacantar Limited
Project archives	
Physical Archive recipient	To be designated
Digital Archive recipient	LAARC
Paper Archive recipient	LAARC
Project bibliography 1	
Publication type	Grey literature (unpublished document/manuscript)
Title	St Giles High Street, London WC1, Archaeological watching brief summary
Author(s)/Editor(s)	'Taylor, J.'
Date	2015
Issuer or publisher	MOLA
Place of issue or publication	London
Description	Standard A4 client report
Entered by Entered on	Jeremy Taylor (jtaylor@mola.org.uk) 18 February 2015