A Human Skeleton from The Old School House, Boxted (BXT 028)
Sue Anderson, January 2000.

A partial human skeleton was recovered from beneath the front wall of the Old School House. Unfortunately it was not possible to recover the skull, cervical vertebrae and most of the shoulder girdle, and the feet were also missing. The remainder of the body, though in fair condition, was heavily fragmented and many parts were lost.

The skeleton was that of a male in mature or old age at death. The bones were robust (femoral head diameter was 48mm), but lengths were not measurable and the living stature could not be estimated. Muscle attachments were all large and many showed new bone growth, particularly the linea aspera and the ulnar border of the radius. The left ulnar shaft was noticeably wider than the right, possibly indicating that the individual was left handed.

The most interesting aspect of this skeleton was the amount of pathological change present throughout the body. Osteoarthritic and degenerative changes were widespread, affecting in particular the spine, manubrio-clavicular joints and the left wrist. Eburnation affected the distal left ulna with distortion of the joint suggesting long-term use of the diseased joint; no other wrist joints were preserved (with the exception of both hamates which were not affected). Eburnation associated with destruction of the joint was also seen on both medial clavicles and the remains of the manubrium. The inferior left facet of the L4(?) vertebra had also been chronically affected by eburnation. Large osteophytes were present on all surviving vertebral bodies (mid-thoracic to sacrum), and the sacro-iliac joints were also affected. Rib joints were generally not well-preserved, but those present showed signs of osteoarthritis, often with eburnation. Slight eburnation and thickening of the superior edge of the left acetabulum was also noted.

Other pathological processes had also left traces in the bone. Small osteochondritic pits were present on both radius heads and the epicondylar facet of the left humerus. Slight traces of periosteal new bone growth were observed on the lateral surfaces of both tibia shafts, suggesting a possible infection of the shins or possibly the presence of varicose veins.

A destructive lesion was present on the left side of the L4-L5 bodies and the right side of the L5-S1 bodies. There were some signs of new bone growth and strengthening of the cancellous bone as well as destruction, but the surfaces of the bodies in these areas had been destroyed. This may be related to the overall osteoarthritic changes seen in the spine, or it may be an unrelated septic arthritis or possibly tuberculosis.

The right third metatarsal has a partially healed cut on the dorsal surface running from the proximal end to midway down the bone, where it runs down onto the ulnar side. In this area, it enters the medullary cavity. The narrow cut is only healed along part of its length, and disorganised new bone growth has occurred on the periosteum and within the medulla. An infection, possibly osteomyelitis, is present, but the amount of healing is small enough to suggest that death may have occurred within 2 weeks to a month of the cut occurring. A cut in this position would have severed the posterior carpal branch of the radial artery, as well as muscles, ligaments and nerves serving the finger. Whilst it is unlikely that the individual died from blood loss, the infection which resulted from the lesion may well have contributed directly to his death.

In summary, this is the skeleton of a mature of elderly man who had suffered with painful joint and spinal pathology for many years before death, perhaps as a result of a long life of manual labour.

Summary for PSIAH
The skeleton, which consisted of most bones below the shoulder girdle and above the ankles, was that of a mature or elderly male. His bones were robust and there was evidence that he was well-muscled. He had suffered for many years from osteoarthritis and related degenerative disease, which had affected in particular his spine, collar bone joints with the breast bone, and his left wrist. Mild changes were also noted in the hip joints. Other pathological evidence identified included the presence of a common non-specific infection of the shins, and a possible infection of the lower spine. A partially healed cut on the back of his right hand probably disabled his middle finger and resulted in a short-term infection which had not run its course before he died.

Other finds
Twelve sherds of early medieval and medieval coarseware, including several body sherds decorated with combed wavy lines, were collected during the excavation of the skeleton. There was also a small fragment of daub. The pottery is probably of 12th-13th century date and provides a terminus post quem for the burial.