

# **The Human Skeletal Remains from Harroway Farm, Andover, Hampshire**

Sue Anderson, © December 1991

## **Introduction**

Five skeletons were recovered during excavations at Harroway Farm (Hampshire County Museum Service Accession No. A1988.1). No dating evidence was found.

## **Condition**

One skeleton was in fair condition, but the rest were poor or very poor and were badly eroded. None were complete and few measurements could be taken due to surface erosion.

## **Demographic analysis**

Two skeletons were of sub-adults (i.e. not fully mature), and the other three were mature or old adults. Three individuals were thought to be male, and two could not be sexed due to their poor condition.

## **Metrical and morphological analysis**

As mentioned previously, few measurements could be taken, and stature could only be estimated for one individual. Burial 1 (?Male, 18-20) was approximately 171.5cm (5' 7½") tall, which is the average male height in most archaeological populations.

Poor preservation also made scoring for morphological variants difficult. Lambdoid wormian bones were present in both skeletons who could be scored for this trait, and ossicles at the lambda were seen in two out of three individuals. One out of the three had retained the metopic suture. The superior facets of the atlas were double in two individuals. Other traits were also noted, and details can be found in the catalogue, but unfortunately no evidence for genetic relationships was forthcoming.

## **Dental analysis**

Some of the teeth of all five individuals had survived, but much of the alveolar bone had been lost. Tooth charts are presented in the catalogue.

Only burial 5 (Old ?male) showed any evidence of dental pathology. A large carious lesion was present in the lower right first molar, which had caused the opening of the pulp cavity and the formation of an abscess. An abscess was also present around the root of the left second premolar, which had lost its crown, possibly due to caries. At least three lower molars had been lost ante-mortem, and it is possible that some of the upper teeth were also affected, but the maxillary bone was lost. An infection of the alveolar bone had occurred around the back teeth at the left side of the lower jaw (PM2-M2 area).

Deposits of calculus (tartar) were preserved on the teeth of two individuals (1 and 5) and were quite heavy in both cases. Both sub-adults had hypoplastic lesions in the enamel of their teeth. Burial 1 was not badly affected, but burial 2 had deeply pitted lesions in a line around the upper right canine. The position of this pitted line suggested that the enamel formation had been disrupted at around 3-4 years of age. Enamel hypoplasia has been linked with disease and malnutrition in childhood, but the evidence for this is not conclusive.

## **Pathology**

Degenerative disease affected two individuals. Both burials 4 and 5 had very light osteoporotic bones. The clavicles and mandible of the latter were very thin and insubstantial, and this individual was also affected with osteoarthritis of the spine. Three of the thoracic vertebrae showed signs of pitting and lipping on the left articular facets. Osteophytosis (bony lipping) also affected the thoracic spine.

The congenital condition of spina bifida occulta affected the sacrum of burial 2, although the third segment was not involved. This condition involves the incomplete formation of the spinous process over the neural canal, but cartilage would have been present in life, and the anomaly is not life-threatening.

Traumatic lesions were seen in two individuals. A small exostosis was present on the lateral side of the left humerus of the old male (Sk. 5), just below the deltoid tuberosity. This was probably the result of a minor injury which tore the muscle attachment in this area.

Physical trauma was also seen on various bones of burial 1. This skeleton was very interesting pathologically, showing a number of unhealed cut marks, one of which is likely to have been fatal. Unfortunately the leg bones of this individual were missing, so it is not possible to be certain of the full extent of his injuries. All the wounds were on the left side of the body, and at least two were made from behind. These were a 36mm-long cut on the back of the head, at the left side of the occipital, which had removed a flake of bone below but did not pierce the brain, and a cut through the left transverse process of the sixth thoracic vertebra, which severed the tip from the rest of the bone. None of the other vertebrae or the ribs appeared to be affected, but preservation was not good in this area. Another cut had sliced through the left hand from the palmar side, removing half of the middle finger, the whole index finger, and nicking the metacarpal of the thumb. The fatal wound was probably the one cutting through the left wrist. This cut straight through the end of the ulna and halfway through the radius, possibly breaking the rest of the bone, and is unlikely to have missed the ulnar artery. Unless there was another wound elsewhere in the body which avoided marking the bones which have survived, it is likely that this individual bled to death, perhaps after being rendered unconscious by the blow to the head. It is unfortunate that his skeleton was not better preserved.

## **Summary**

Remains of five individuals were examined. They consisted of two sub-adult males, two mature/middle-aged unsexable adults, and one old ?male. The most interesting feature of this group of skeletons was the evidence of physical trauma seen on the skeleton of one young male. It seems likely that one of a number of sword-cuts was the cause of this man's death. The poor condition of the other skeletons made analysis difficult, but nothing unusual was seen in the few surviving bones.