

OSTEOLOGICAL EVALUATION

Prepared by
EVAN MATSHES BSc, MD
Consultant Osteologist



Product No. BC-031

Human Male Australian Aboriginal Skull



Bone Clones, Inc.

OSTEOLOGICAL REPRODUCTIONS

9200 Eton Ave. Chatsworth, CA 91311

Phone: (818) 709-7991 or (800) 914-0091 (USA only)

Email: info@boneclones.com Web: www.boneclones.com

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Human, Male, “Australian Aborigine”

Product Number: BC-031

Specimen Evaluated: Bone Clones® replica

Skeletal Inventory: 1 intact cranium missing the bilateral inferior nasal conchae, and the left middle nasal concha
1 intact mandible

General observations:

In general, the molding process has preserved significant details necessary for evaluation. The general shape and configuration of the skull is within normal limits. The ectocranial morphology of the individual cranial bones is within normal limits. The sutural patterns are of expected configuration. There are 2-3 sutural bones (Wormian ossicles) at the right asterion. The foramina are of expected configuration. The skull is atraumatic.

The skull is markedly elongated in the anteroposterior plane.

There is a palatine torus. There is a suggestion of a sagittal keel within the region of bregma.

Dentition

There are 12 teeth in the maxillary arcade and 8 teeth in the mandibular arcade. All teeth have an adult morphology and no deciduous dentition remains. There are no dental restorations or prostheses. There is a severe degree of attrition.

The following maxillary teeth are present: 1.8 [#1], 1.7 [#2], 1.6 [#3], 1.5 [#4], 1.4 [#5], 1.2 [#7], 1.1 [#8], 2.1 [#9], 2.3 [#11], 2.6 [#14], 2.7 [#15], and 2.8 [#16].

The following mandibular teeth are present: 3.8 [#17], 3.7 [#18], 3.6 [#19], 3.5 [#20], 4.3 [#27], 4.6 [#30], 4.7 [#31], and 4.8 [#32].

The following isolated root (crown absent) is identified: 2.1 [#9].

The following atraumatic gomphoses are empty and are without signs of healing: 1.3 [#6], 2.2 [#10], 2.4 [#12], 2.5 [#13], 3.4 [#21], 3.3 [#22], 3.2 [#23], 3.1 [#24], 4.1 [#25], 4.2 [#26], 4.4 [#28], and 4.5 [#29].

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The buccal half of 1.1 [#8] is absent and the enamel of the buccal half of 4.8 [#32] is absent.

There is generalized moderate to severe furcation involvement.

Features of Race:

The interocular distance is broad. The nasal root is depressed and the nasal angle is obtuse. The zygomatic bones retreat posteriorly from the plane of the face. The nasal aperture is broad superiorly and inferiorly. The anterior nasal spine is short, and the inferior margin of the nasal aperture has a bilateral gutter (right greater than left). There is no nasal sill. The maxillary dental arcade is rectangular. There is moderate alveolar prognathism. The maxillary incisors are peg-like (because of severe attrition). There is no post-bregmatic depression. The calvarial sutures are focally complex.

The totality of features is most in keeping with those of mixed traits (Black and Asian).

Features of Sex:

There is marked prominence of the cranial sites for musculofascial attachment including especially:

- the nuchal lines
- the external occipital protuberance
- the mastoid processes of the temporal bones
- the temporal lines (slight)
- the supraorbital tori
- the masseteric tuberosities of the mandible
- the occipital condyles
- the supramastoidal crest

There is a broad ascending mandibular ramus. The nasion is markedly rough, and the supraorbital margins are blunted. The inferior border of the mandible is square.

The totality of features is most in keeping with male sex.

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Features of Age:

There are no identifiable fontanelles. The spheno-occipital synchondrosis cannot be assessed.

Ten ectocranial osteologic landmarks are evaluated for degree of suture closure according to the Meindl and Lovejoy method*.[1] Scores are assigned as follows:

1	1
2	2
3	2
4	2
5	2
6	3
7	3
8	3
9	2
10	3

* As is always the case with casting, there is a tendency towards overscoring.

The sum of scores for the cranial vault (landmarks 1 through 7) is 15. This corresponds to an estimated age of 45.2 +/- 12.6 years.

The sum of scores for the anterior cranium (landmarks 6 through 10) is 14. This corresponds to an estimated age of 56.2 +/- 8.5 years.

SUMMARY:

1. Mixed features (Black/Asian).
2. Male.
3. 47.7 – 57.8 years; range 32.6 – 64.7 years.
4. No evidence of trauma.
5. No evidence of significant osteologic variations.
6. Moderate to severe periodontal disease; moderate to severe generalized attrition.

EDUCATIONAL RESOURCES:

1. This is an excellent example of a male skull.
2. This specimen would serve as an interesting discussion piece around the concept of race assessment, and the limitations of categorization (oversimplification) into 3 categories – White, Black, and Asian.
 - a. The concept of race assessment is controversial. It may be worthwhile to review the varying schools of thought on this issue. Short summaries from the perspective of the forensic anthropologist[3] and forensic pathologist[2] are readily available.
3. Age assessment of skeletal remains is best done in the context of the entire skeleton. Assessment of the degree of suture closure can be used with some degree of success[1]; however, there is tremendous variability in the degree of closure process. Students must be cautioned that statistical data is based on **populations**, and may not necessarily be reflective of reality in an **individual**.
4. Given the prominent dental changes (attrition, periodontal disease), this specimen might serve as a useful discussion piece for these and related topics.

REFERENCES:

1. Meindl, R.S. and Lovejoy, C.O. (1985). Ectocranial suture closure: a revised method for the determination of skeletal age at death based on the lateral-anterior sutures. *American Journal of Physical Anthropology*, 68(1): 57-66.
2. Matshes, E. and Lew, E. (2006). Forensic osteology. In *Forensic Pathology: Principles and Practice*, D. Dolinak, E. Matshes, and E. Lew, Editors. San Diego, CA: Elsevier (Academic Press).
3. Gill, G. (1998). Craniofacial criteria in the skeletal attribution of race. In *Forensic Osteology: Advances in the Identification of Human Remains*, K. Reichs, Editor. Springfield, IL: Charles C. Thomas.

DISCLAIMERS:

This report is meant only as a teaching tool for introductory level students of the anatomical, anthropology or forensic sciences who might be using this specimen to learn human and forensic osteology. Evaluation of osteologic material is best done with original specimens. My evaluation was based solely upon studies of a Bone Clones® replica. My opinions are based solely upon the material presented to me. This is somewhat artificial as in real forensic investigations additional studies would be undertaken prior to the formulation of diagnoses, and the production of a report. These studies might include plain film radiography, computed tomography (CT) studies, histology, etc. My opinions regarding race and sex are based only upon non-metric analyses. Evaluation of cranial suture closure is most accurately assessed endocranially as the sutures are known to close from the endocranial table towards the ectocranium. My opinions regarding this skull were made without access to the postcranial skeleton.

Evan Matshes BSc, MD
Consultant Osteologist