

OSTEOLOGICAL EVALUATION

Prepared by
EVAN MATSHES BSc, MD
Consultant Osteologist



Human Female Asian 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

© Bone Clones, Inc. 2017

Human, Female, Asian

Product Number: BC-211

Specimen Evaluated: Bone Clones® replica

Skeletal Inventory: 1 intact cranium
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 is a small Wormian ossicle (sutural bone) at the right asterion. The foramina are of expected configuration. The skull is atraumatic. There is a small “button” osteoma just lateral to the left parietal foramen.

There is patchy superficial cortical disruption consistent with postmortem (taphonomic) change.

Dentition:

There are 16 teeth in the maxillary arcade and 15 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 moderate to severe degree of attrition.

The 3.8 [#17] tooth is absent or has not yet erupted.

There is a small incisal edge chip of the 1.1 [#8] tooth. There is a small disto-occlusal defect on the 2.6 [#14]; it has regular edges, with features suggestive of an amalgam filling having previously fallen out. There is supraeruption of 2.1 [#9] and 2.2 [#10].

Features of Race:

The interocular distance is prominently widened. The nasal root is flat 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, the inferior margin of the nasal aperture is smooth and there is no nasal sill. The maxillary dental arcade is somewhat rounded. There is moderate alveolar prognathism. The 2.1 [#9] has prominent shoveling; the other maxillary incisors have severe attrition. There is no edge-on-edge incisal bite. There is no post-bregmatic depression. The calvarial sutures are focally complex.

The totality of features is most in keeping with those of an Asian individual.

Bone Clones® Osteological Evaluation Report

Features of Sex:

There is no significant prominence of the cranial sites for musculofascial attachment. There is very slight prominence of the supraorbital tori and supramastoidal crests.

There is a narrow ascending mandibular ramus. The nasion is smooth, and the supraorbital margins are sharp. The inferior border of the mandible is somewhat rounded.

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

Features of Age:

There are no identifiable fontanelles. The sphenio-occipital synchondrosis is fused.

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

* 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 8. This corresponds to an estimated age of 39.4 +/- 9.1 years.

The sum of scores for the anterior cranium (landmarks 6 through 10) is 6. This corresponds to an estimated age of 43.4 +/- 10.7 years.

SUMMARY:

1. Asian.
2. Female.
3. 32.7 – 48.5 years; range 30.3 – 51.4 years.
4. No evidence of trauma.
5. No evidence of significant osteologic variations or primary pathology.

EDUCATIONAL RESOURCES:

1. This is an excellent example of an Asian female. It may be appropriate to utilize this specimen as a discussion piece around the concept of sex determination in the context of racial variation.
 - 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[2] and forensic pathologist[3] are readily available.
 - b. In many circumstances, the skull alone will allow an investigator to correctly determine sex.[4] However, the findings in the skull should never be treated in isolation; rather, they should be incorporated into your ‘whole case’ database. This database should include information obtained from all other aspects of the case. From an osteologic perspective, this includes (importantly) the bones of the pelvis.
 - c. 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**.
2. It may be appropriate to discuss the concept of sutural complexity in terms of race determination.
3. It may be worthwhile to discuss the taphonomic changes commonly seen in osteologic materials.

Bone Clones® Osteological Evaluation Report

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. 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.
3. 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).
4. Krogman, W. and Iscan, M. (1986). *The Human Skeleton in Forensic Medicine*. 2 ed. 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