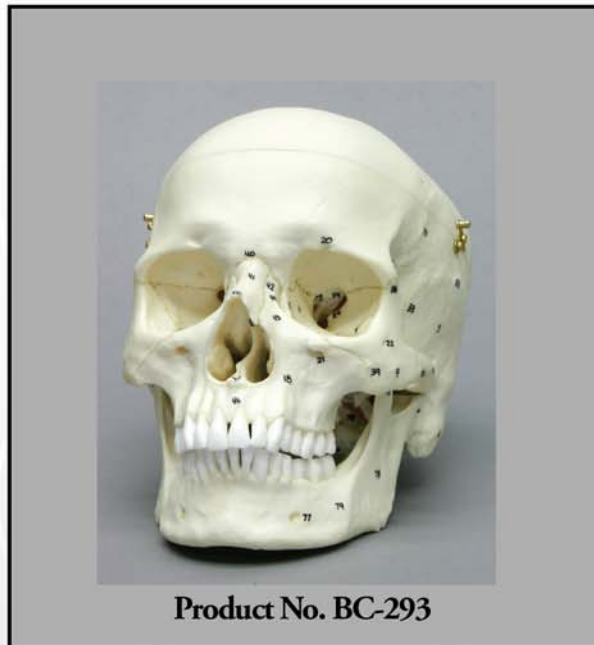


OSTEOLOGICAL EVALUATION

Prepared by
EVAN MATSHES BSc, MD
Consultant Osteologist



**Human Male European
Skull, Calvarium Cut
and Numbered**



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, White, Calvarium cut

Product Number: BC-293

Specimen Evaluated: Bone Clones® replica

Skeletal Inventory: 1 intact cranium
1 intact mandible

General observations:

**NOTE – The demographic features of this specimen were evaluated on BC-107 (calvarium uncut).

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 small sutural bones (Wormian ossicles) at both right and left asterions. The foramina are of expected configuration. The skull is atraumatic.

Dentition

There are 16 teeth in the maxillary arcade and 16 teeth in the mandibular arcade. All teeth have an adult morphology and no deciduous dentition remains. The dentition is atraumatic. There are no dental restorations or prostheses. There is a moderate degree of attrition.

Features of Race:

The interocular distance is not prominently widened. The nasal root is prominent and the nasal angle is acute. The zygomatic bones retreat posteriorly from the plane of the face. The nasal aperture is narrow superiorly and broader inferiorly. The anterior nasal spine is short, and the inferior margin of the nasal aperture has a sharp (nasal) sill with the vague impression of bilateral gutters. The maxillary dental arcade is somewhat V-shaped. There is no alveolar prognathism. The maxillary incisors are blade-like. There is no edge-on-edge incisal bite. There is no post-bregmatic depression. The calvarial sutures are predominantly simple.

The totality of features is most in keeping with those of a White individual.

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Features of Sex:

There is moderate 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 (slight)

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

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

Features of Age:

There are no identifiable fontanelles. The spheno-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	2
2	2
3	3
4	2
5	2
6	1
7	2
8	3
9	2
10	2

* As a consequence of casting, scoring may not be accurate. There is a tendency towards overscoring.

The sum of scores for the cranial vault (landmarks 1 through 7) is 14. 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 10. This corresponds to an estimated age of 51.9 +/- 12.5 years.

All 32 teeth are fully erupted, and no deciduous dentition remains. There is a moderate degree of attrition on the occlusal surfaces of the dentition.

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SUMMARY:

1. White.
2. Male.
3. 39.4 – 57.8 years; range 32.6 – 64.4 years.
4. No evidence of trauma.
5. No evidence of significant osteologic variations or primary pathology.

EDUCATIONAL RESOURCES:

1. This is a good example of a White male skull.
 - 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. By removing the calvarium, junior osteologists are able to learn the complex anatomy of the endocranium, especially including the pathways of the various foramina of the skull base, and the orbit.

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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