

**300 HIGH STREET, BERKHAMSTED,  
HERTFORDSHIRE**

**EXCAVATION SUMMARY**

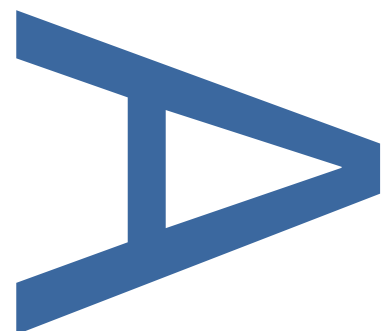
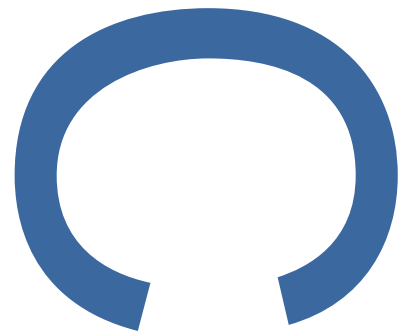
**LOCAL PLANNING AUTHORITY: DACORUM  
BOROUGH COUNCIL**

**PLANNING APPLICATION NUMBER:  
4/01211/12/MFA**

**PCA REPORT NO: 11614**

**SITE CODE: HHST12**

**JANUARY 2014**



**PRE-CONSTRUCT ARCHAEOLOGY**

## 300 High Street, Berkhamsted, Hertfordshire

### Excavation Summary

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***By Shane Maher, Pre-Construct Archaeology Ltd, January 2014***

Pre-Construct Archaeology was commissioned by CgMs Consulting on behalf of Metric Property Berkhamsted Ltd to undertake an archaeological investigation on land at the former Royal Mail sorting office at 300 High Street, Berkhamsted, Hertfordshire. The site is located at National Grid reference SP 9883 0804. The excavation followed a Written Scheme of Investigation compiled by Chris Mayo<sup>1</sup> and an Archaeological Impact Assessment by Suzanne Gailey<sup>2</sup> of CgMs Consulting.

The archaeological works which commenced on 20<sup>th</sup> August 2012 and finished on the 23<sup>rd</sup> August 2013 were supervised initially by Pete Boyer (PCA) and completed by Shane Maher. The project manager was Chris Mayo (PCA), the work was monitored by Suzanne Gailey of CgMs Consulting, and Kate Batt Historic Environment Adviser Hertfordshire County Council.

The site lies on the north facing valley slope of the River Bulbourne. The ground slopes down from south to north towards the base of the valley and the river floodplain which lies beyond the northern boundary of the site<sup>3</sup>. Groundworks associated with the construction of the Post Office buildings and car park created a series of terraces cut into the natural slope. A high point of 108.30m OD was recorded in the south of the site at the front of the Post Office building and the lowest point was recorded on the northernmost part of site at 105.25m OD.

The site was divided into three areas of investigation (Areas 1, 2 and 3), these lay within the footprints of the proposed new buildings (Figure 1). A further area, the site of the proposed car park, was monitored as a watching brief during the excavation of service runs. The excavation was assigned a unique site code, HHST12.

Five initial phases were noted during excavation.

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<sup>1</sup> Mayo, C, 2012, A Written Scheme of Investigation for Archaeological works on Former Royal Mail Sorting Office Land at 300 High Street, Berkhamsted, HP4 1ZZ, Hertfordshire

<sup>2</sup> Gailey, S, 2012, Archaeological Impact Assessment, Former Royal Mail Sorting Office, 300 High Street, Berkhamsted

<sup>3</sup> Ibid

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## **Phase 1**

The British Geological Survey (England and Wales Sheet 138 for Aylesbury) indicates that the site was located on the edge of the alluvial floodplain of the River Bulbourne on solid Upper Chalk<sup>4</sup> overlain by natural gravels. During geotechnical investigations<sup>5</sup> the natural gravels were seen to be sealed by a natural alluvial clay deposit. The Chalk and natural gravel deposits were not encountered during the archaeological investigations, but a deposit of natural alluvial clay with flints was recorded between 106.69m OD in the south of site and 105.91m OD in the north of the study area.

## **Phase 2**

Overlying the alluvial clay deposit was a layer of silty gravels interpreted as hill-wash. This was observed between 107.51m OD in the south of the study area and 106.14m OD at its northern extent. Residual prehistoric flint blades recovered from grave fills, probably originated from this deposit.

## **Phase 3**

This phase is dominated by a medieval cemetery located in Areas 1 and 3 in the south-west of site, from which a total of 256 skeletons were identified. Of these 235 were lifted and 231 were assessed (four skeletons were too badly preserved for assessment). The remainder were left in-situ as they lay outside the proposed building footprints. A horse skeleton was also recovered. The grave alignments lie roughly between north-north-east to south-south-west and north-east to south-west, with the skulls at the southern ends of the graves. Only the eastern boundary of the cemetery was encountered, in the west of Area 1, the other boundaries lay outside the excavation limits.

Pottery and ceramic building material recovered from the grave fills suggest that the cemetery was in use between the 11<sup>th</sup> and 15<sup>th</sup> centuries. Sample bones from five skeletons have been taken for radiocarbon dating. Initial assessment of the human remains has been completed and is appended to this report.

Seven shallow pits and three postholes were also noted within Areas 1 and 3, whilst to the east of the cemetery in Area 2 a medieval well, three postholes, a shallow gully, a ditch and a shallow pit were recorded.

The graves are of particular interest as they are probably associated with either St James's Church, founded in the 11<sup>th</sup> to 12<sup>th</sup> century or the medieval hospital of St John the Baptist, established before 1213. The precise location of these ecclesiastical institutions is not known but documentary evidence and the presence on site of a substantial number of burials suggests that they are in close proximity of the study site.

The presence of a buried horse is also of particular interest as this is not typical in a cemetery of this date. The date of this burial is hoped to be refined by radiocarbon dating.

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<sup>4</sup> Ibid  
<sup>5</sup> Ibid

#### **Phase 4**

This represents the period after the cemetery was abandoned probably in the 15<sup>th</sup> or 16<sup>th</sup> century. A layer of clay hillwash was recorded sealing part of the cemetery in Area 1 and in Area 3 subsoil deposits were noted sealing the graves. In Area 2 silt layers and a layer of redeposited natural were recorded in this phase.

#### **Phase 5**

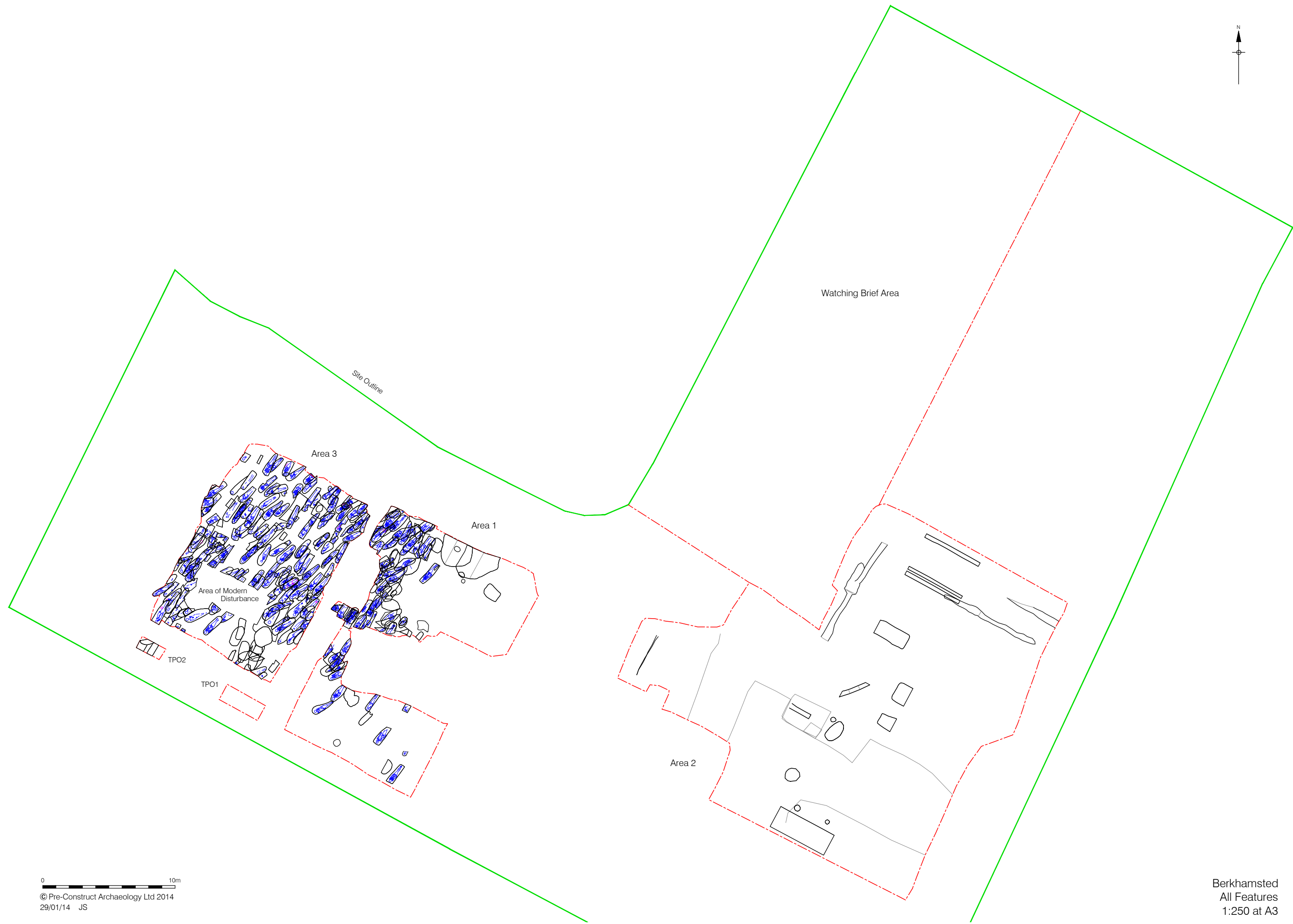
A period of horticultural activity is recorded on the site from 1777 with the establishment of Lanes Nursery<sup>6</sup> till the mid 20<sup>th</sup> century. In the late 1950s a Post Office was constructed on the site. Features encountered from the period include 18<sup>th</sup>/19<sup>th</sup>-century ditches in the north of site, post-medieval walls and deposits of what appeared to be garden soils, in the south of site. It is during this phase that the site was terraced.

One sherd of Roman pot was recovered residually from the horticultural soil, in a test pit, in the south of the site, to the north of the modern High Street, which follows the line of Akeman Street, the Roman road from London to Chester.

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<sup>6</sup> Ibid

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Berkhamsted  
All Features  
1:250 at A3



## **Assessment of the human remains from the Archaeological Investigations at 300 High Street, Berkhamsted, Hertfordshire (site code HHST12)**

By James Young Langthorne, Pre-Construct Archaeology Limited

### **Introduction**

During the archaeological investigation 231 individual articulated human skeletons and a large amount of disarticulated human bone was recovered from a medieval cemetery which lay beneath the footprint of the former Royal Mail sorting office. This burial ground is currently considered to have been associated with either St James's Church, established during the 11<sup>th</sup> or 12<sup>th</sup> century or the medieval hospital of St John the Baptist, which was founded prior to AD1213. This report contains the results of an assessment of the skeletal remains from these burials. A skeletal catalogue of the remains is included at the end of the report as is a list of contexts that contained disarticulated human bone and the minimum number of individuals represented by that bone.

### **Methodology**

The skeletal remains from the inhumation burials were analysed to assess the condition of the remains and where possible the age and sex of the individual. Additionally any gross pathology present was recorded to site and morphological changes described.

The condition and completeness of a skeleton affects the amount of data that can be recorded. The condition of the bone was recorded according to the stages of surface preservation suggested by McKinley (2004) and the completeness of the skeleton was based on a complete skeleton consisting of:

Skull	20%
Torso	40%
Arms	20%
Legs	20%

Age was assessed using the stages of epiphyseal fusion, dental development and eruption, dental attrition (Brothwell 1981), changes within the pubic symphysis (Brooks and Suchey 1990) and the auricular surface (Lovejoy 1985). All individuals where ageing data could be collected were placed into one of the following age ranges:

Neonate	Birth
Infant	Birth-1 year
Infant-Juvenile	1 - 5 years
Juvenile	6 - 12 years

Adolescent	13 - 20 years
Young Adult	21 - 35 years
Middle Adult	36 - 50 years
Old Adult	51 + years
Adult	>20 years
?	Undetermined

Sexually dimorphic traits in the pelvis and skull were used to ascertain the sex of the individual. Each individual was placed into one of the following categories; male, female (positive identification), male?, female? (favourable comparison to a sex but not conclusive), indeterminate (inconclusive mixture of male and female traits), or N/A (lacking the elements that define sex).

## Results

### *Completeness*

Skeletal completeness ranged from 1% to 90% present but the majority had less than 50% of the elements present and nearly half the assemblage has less than 25% of the bones present. The skeletal completeness reflected the severe truncation present within many parts of the site.

Table 1: Skeletal Completeness

Completeness	Number of skeletons	Percentage
<25%	107	46.32
<50%	57	24.68
<75%	48	20.77
≥75%	19	8.23

### *Preservation*

The low levels of skeletal completeness were complemented by low levels of preservation in the assemblage as illustrated in table 2:

Table 2: Skeletal Preservation

Preservation	Number of skeletons	Percentage
Poor	46	19.91
Moderate-Poor	121	52.38
Moderate	57	24.68
Good-Moderate	7	3.03
Good	0	0



### Demography

The largest age group amongst the burials were adults (56.28% of the entire assemblage), the largest proportion of which were of an undetermined age. A small number of children were also present within the assemblage, although there were no neonates and very few infants.

Table 3: Age distribution

Age	Number of skeletons	Percentage
Neonate	0	0
Infant	1	0.43
Infant-Juvenile	9	3.90
Juvenile	29	12.55
Juvenile-Adolescent	5	2.16
Adolescent	2	0.87
Adolescent-Young adult	5	2.16
Young adult	10	4.33
Young adult-Middle adult	8	3.46
Middle adult	13	5.63
Middle adult-Older adult	19	8.23
Older adult	18	7.79
Adult (unspecified)	57	24.68
Undetermined	55	23.81
<b>Total</b>	<b>231</b>	<b>100</b>

Despite fairly high levels of adults within the assemblage, the low levels of completeness and preservation prevented the attribution of sex to the majority of the individuals. The results of the assessment indicated that possible females were slightly more frequent within the assemblage, making up 11.89% of the group in comparison to male or potential males at 9.73%.

Table 4: Sex distribution

Sex	Number of skeletons	Percentage
Male	2	1.08
Possible male	16	8.65
Indeterminate	66	35.68
Possible female	22	11.89
Female	0	0
Inconclusive	79	42.70
<b>Total</b>	<b>185</b>	<b>100</b>

### Pathology

Pathologies were recorded in 85 skeletons (36.80% of the entire assemblage); of which 45 had dental pathologies and 61 had skeletal pathologies. Of those affected 73 were adults, 6

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were juveniles and the remaining 6 were of an undetermined age. Of the adults 14 were male, 17 were female and 42 were of unknown sex. All conclusions reached during the study of pathological traits are mitigated by the low levels of preservation and completeness observed within the assemblage.

#### *Dental Pathology*

The principal dental pathologies recorded within the assemblage comprised 5 cases of individuals with dental abscesses, 21 cases of caries and 22 individuals with ante-mortem tooth loss and associated socket resorption.

Table 5: Distribution of dental pathology in relation to age in male individuals.

Age	Abscess	Caries	A-M tooth loss & Socket resorption	Enamel Hypoplasia
Young Adult	0	0	0	0
Young-Mid Adult	0	0	0	0
Mid Adult	0	2	0	1
Mid-Old Adult	0	0	1	0
Old Adult	0	2	6	0
Unspecified Adult	0	0	0	0

Table 6: Distribution of dental pathology in relation to age in female individuals.

Age	Abscess	Caries	A-M tooth loss & Socket resorption	Enamel Hypoplasia
Young Adult	0	2	0	0
Young-Mid Adult	1	0	0	0
Mid Adult	1	1	0	0
Mid-Old Adult	0	1	1	0
Old Adult	0	1	2	0
Unspecified Adult	0	2	0	0

Table 7: Distribution of dental pathology in relation to age in indeterminate/inconclusively sexed individuals.

Age	Abscess	Caries	A-M tooth loss & Socket resorption	Enamel Hypoplasia
Unknown Age	0	2	0	0
Juvenile	0	2	0	1
Young Adult	0	0	0	0
Young-Mid Adult	0	0	0	0
Mid Adult	0	1	1	1
Mid-Old Adult	0	2	3	0
Old Adult	2	2	2	0
Unspecified Adult	1	1	6	0

The most prevalent form of dental pathology was ante-mortem tooth loss, 22 cases (9.52% of the entire assemblage) closely followed by caries, 21 cases (9.09% of the entire assemblage).

Ante-mortem tooth loss has been attributed to several causes including caries, a condition which was, as has been discussed above, nearly as prevalent within the cemetery population. Tooth loss can also be the result of severe periodontal disease, in which the inflammatory reaction to an irritant such as calculus can result in alveolar resorption. Conditions such as syphilis or deficiencies within a group's diet which can lead to weakening of the bone, trauma and scurvy are also possible causes of ante-mortem tooth loss.

The only potential trend revealed by the assessment was there appeared to be a higher level of A-M tooth loss and subsequent socket resorption within mid-old and old adults compared with younger individuals.

#### *Skeletal Pathology*

Several skeletal pathologies were recorded from 61 individuals comprising 10 individuals suffering from metabolic conditions (such as cribra orbitalia and possible osteoporosis), 7 cases of potential trauma, possible infection in 6 individuals, other conditions (such as ossified soft tissue) were seen in 4 individuals and most frequently joint diseases (for instance osteoarthritis) which had affected 48 individuals.

Table 8: Skeletal pathology in relation to age in male individuals

Pathology Type Age	Metabolic Cribra Orbitalia	Joint Disease		
		Potential vertebral OA	Potential extra- vertebral OA	Other vertebral conditions (including Schmorl's nodes, porosity, osteophytic activity, fusion, etc.)
Adolescent	0	0	0	0
Adolescent- Young Adult	0	0	0	0
Young Adult	0	0	0	0
Young-Mid Adult	1	0	0	2
Mid Adult	0	0	0	3
Mid-Old Adult	0	2	1	2
Old Adult	0	1	1	5
Unspecified Adult	0	0	0	0

Tables 9-10: Skeletal pathology in relation to age in female individuals

Pathology Type Age	Metabolic Cribra Orbitalia	Infectious disease Non-Specific Infection	Trauma
			Potential Fracture (Post- cranial)
Adolescent	0	0	0
Adolescent- Young Adult	0	0	1
Young Adult	1	0	0
Young-Mid Adult	1	0	1
Mid Adult	0	0	0
Mid-Old Adult	1	0	0
Old Adult	0	1	0
Unspecified Adult	0	1	0

Pathology Type	Joint Disease			
	Potential vertebral OA	Potential extra-vertebral OA	Other vertebral conditions (including Schmorl's nodes, porosity, osteophytic activity, fusion, etc.)	Gout
Age				
Adolescent	0	0	0	0
Adolescent-Young Adult	0	0	1	0
Young Adult	0	1	2	0
Young-Mid Adult	0	0	0	0
Mid Adult	0	1	1	1
Mid-Old Adult	1	0	3	0
Old Adult	1	2	1	0
Unspecified Adult	0	0	0	0

Table 11-13: Skeletal pathology in relation to age in indeterminate/inconclusively sexed individuals.

Pathology Type	Metabolic		
	Cribriform Orbitalia	Possible Osteoporosis	Osteomalacia/Rickets
Age			
Infant	0	0	0
Infant-Juvenile	0	0	1
Juvenile	1	0	0
Juvenile-Adolescent	0	0	0
Adolescent	0	0	0
Adolescent-Young Adult	0	0	0
Young Adult	1	0	0
Young-Mid Adult	0	0	0
Mid Adult	0	0	1

Pathology Type	Metabolic		
	Mid-Old Adult	0	1
Old Adult	0	0	1
Unspecified Adult	0	0	0
Unknown age	0	0	0

Pathology Type	Trauma		Joint Disease		
	Potential Fracture (Post-cranial)	Possible Sharp force trauma	Potential vertebral OA	Potential extra-vertebral OA	Other vertebral conditions (including Schmorl's nodes, porosity, osteophytic activity, fusion, etc.)
Age					
Infant	0	0	0	0	0
Infant-Juvenile	0	0	0	0	0
Juvenile	0	1	0	0	0
Juvenile-Adolescent	0	0	0	0	0
Adolescent	0	0	0	0	0
Adolescent- Young Adult	0	1	0	0	1
Young Adult	0	0	0	1	0
Young-Mid Adult	0	0	0	0	5
Mid Adult	2	0	0	0	2
Mid-Old Adult	0	0	1	1	4
Old Adult	0	1	1	1	3
Unspecified Adult	0	0	1	0	7
Unknown age	0	0	1	0	1

<b>Pathology Type</b>	<b>Infectious disease</b>	<b>Other</b>	<b>Medical/Post-Mortem intervention</b>
<b>Age</b>	Non-Specific Infection	Ossified soft tissue	Post-cranial
Infant	0	0	0
Infant-Juvenile	0	0	0
Juvenile	0	0	0
Juvenile-Adolescent	0	0	0
Adolescent	1	0	0
Adolescent-Young Adult	0	0	0
Young Adult	0	0	0
Young-Mid Adult	0	0	0
Mid Adult	1	0	0
Mid-Old Adult	0	0	0
Old Adult	0	1	0
Unspecified Adult	1	1	1
Unknown age	1	1	0

In general no exceptional trends correlated to age or sex with pathological conditions can be observed within the assemblage.

The most prevalent pathological conditions related to joint disease: 48 males, females and indeterminately or inconclusively sexed individuals suffered from one or more joint diseases comprising 20.78% of the entire cemetery population

The most prevalent form of joint disease within the adult portion of the assemblage related to the degeneration of the vertebral elements particularly Schmorl's nodes and osteophytic activity around the margins of the vertebral bodies. With the exception of the vertebrae the articular facets on the heads of the ribs were particularly seen to have affected by either traces or advanced forms of osteoarthritis.

Perhaps the most interesting pathologies seen in the cemetery population were potential sharp force trauma injuries observed on 3 indeterminately sexed individuals: a juvenile [382]

has a possible circular puncture on the frontal bone of the skull, a juvenile-adolescent individual [249] has a cut located on the mid-shaft of the left tibia and an old adult [928] appeared to have a healed cut on the skull.

Low levels of a variety of conditions such as gout, cribra orbitalia and osteomalacia/rickets which are often associated with lifestyle or diet were also found within the assemblage.

The assessment found no evidence of the cemetery being used for sufferers of a particular disease such as leprosy.

### **Disarticulated Bone**

Disarticulated human bone was present in 102 contexts on site, several fragments were also removed from unstratified deposit [+]. Almost every element of the skeleton was accounted for in various states of preservation varying from very poor and fragmentary to complete bones in excellent condition.

The disarticulated bone assemblage presented a small number of fairly common pathological conditions such as cribra orbitalia, osteophytic lipping upon the body margins of the vertebrae, enamel hypoplasia and traces of lamellar bone. The most interesting pathological conditions that were encountered were the results of trauma, specifically a healed Colles fracture of a radius from grave fill [457] and a potential puncture wound on a skull fragment from grave fill [386].

The entire collection of disarticulated bone represented a minimum number of 125 individuals.

### **Recommendations for further work**

The individuals that make up the skeletal assemblage are for the most part are a poor, incomplete and fragmentary condition. This does not give a great deal of scope to study either the demography or pathology of the cemetery population.

It is not recommended that full analysis of the skeletons is necessary for the vast majority of the assemblage. Only 22 skeletons (9.52% of the assemblage) are in a state that would allow for the creation of complete inventories for each skeleton and fuller recording of extant pathologies as well as the collection of metric and non-metric data, although given the damage to many of the long bones encountered within the assemblage it may not be possible to establish stature estimates for even this sub-set of the population of this cemetery<sup>7</sup>.

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<sup>7</sup> Burials 103, 237, 246, 294, 306, 317, 356, 374, 382, 384, 410, 430, 443, 458, 596, 640, 693, 769, 876, 900, 928 and 967

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Should further study proceed x-rays should be taken of the right clavicle of [374], the left femur of [876] and the skull of [928] to confirm the presence and character of possible trauma and subsequent potential infection in those elements. Photographs should also be taken of these bones and possibly also of the puncture injury to the frontal bone of [382] and the gout apparent in [374].

The results of this assessment and any further work should be presented in a publication text with the albeit limited demographic profiles and health of the group considered and discussed in reference to phasing and spatial distribution, if any are apparent. Due to the low levels of data extracted from the assemblage the scope for comparison with other populations is rather restricted.

## Skeletal Catalogue

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
76	30	Moderate-Poor	Adolescent	N/A	No visible pathology.	3
79	50	Moderate	Mid Adult	Indeterminate	Trauma: Healed (possibly infected) ulna shaft. Severe osteophytic lipping around body margins of lumbar vertebrae.	3
82	12	Poor	Juvenile?	N/A	No visible pathology. Teeth extant.	3
85	5	Moderate-Poor	?	N/A	No visible pathology.	3
89	60	Moderate	Old Adult?	Indeterminate	A-M tooth loss and possible partial socket resorption and abscesses. Teeth extant. Traces of porosity and osteophytic lipping around body margins.	3
91	15	Moderate	Adult?	N/A	No visible pathology.	3
97	12	Moderate	Adult	Indeterminate	No visible pathology.	3
100	15	Poor	Juvenile?	N/A	None visible.	3
103	70	Moderate	Mid-Old Adult	Indeterminate	None visible. Teeth extant	3
105	10	Moderate-Poor	Infant-Juvenile	N/A	No visible pathology.	3
109	10	Moderate-Poor	Juvenile	N/A	No visible pathology.	3
112	5	Moderate-Poor	?	N/A	No visible pathology.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
115	30	Moderate	Mid-Old Adult	Indeterminate	No visible pathology. Due to close proximity to [118] & [121] there is a large amount of unattributable skeletal material associated with these skeletons - this material is recorded in the disarticulated human bone table,.	3
118	5	Moderate	Adolescent-Young Adult?	N/A	No visible pathology. Skeleton [118] & [121] may well be the same individual. Due to close proximity to [115] & [121] there is a large amount of unattributable skeletal material associated with these skeletons - this material is recorded in the disarticulated human bone table,.	3
121	35	Moderate	Adult?	Indeterminate	Schmorl's nodes on vertebral bodies. Skeleton [118] and [121] may well be the same individual. Due to close proximity to [115] & [118] there is a large amount of unattributable skeletal material associated with these skeletons - this material is recorded in the disarticulated human bone table,.	3
124	70	Moderate-Poor	Adult	Indeterminate	Possible A-M tooth loss and socket resorption also possible periodontal disease. Teeth extant.	3
127	65	Moderate-Poor	Young-Mid Adult	Indeterminate	Disarticulated bone found within this context. Possible Schmorl's nodes on vertebral body. Teeth extant.	3
129	25	Moderate-Poor	Juvenile	N/A	Teeth extant.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
133	5	Poor	?	N/A	No visible pathology.	3
136	15	Poor	?	Indeterminate	No visible pathology.	3
139	20	Moderate-Poor	Adult?	N/A	No visible pathology.	3
142	33	Moderate-Poor	Old Adult?	Male?	Severe A-M tooth loss and socket resorption. Porosity on vertebral bodies and osteophytic lipping on vertebral body margins. Tooth extant.	3
145	20	Good-Moderate	Juvenile	N/A	Teeth extant.	3
148	5	Moderate-Poor	?	N/A	No visible pathology.	3
151	10	Poor	?	N/A	No visible pathology.	3
154	30	Moderate-Poor	Juvenile-Adolescent?	N/A	Teeth extant.	3
157	5	Poor	?	N/A	No visible pathology.	3
158	65	Moderate-Poor	Mid Adult	Indeterminate	Enamel hypoplasia. Teeth extant.	3
162	30	Moderate-Poor	Adult?	N/A	No visible pathology.	3
167	25	Moderate-Poor	Juvenile?	N/A	Teeth extant. Caries?	3
170	5	Poor	?	N/A	No visible pathology.	3
174	70	Moderate-Poor	Old Adult?	Female?	Severe OA - Cervical vertebrae. Caries.	3
177	15	Moderate	Adult?	N/A	No visible pathology.	3
180	5	Moderate-Poor	Adult?	N/A	No visible pathology.	3
185	5	Poor	?	N/A	No visible pathology.	3
189	35	Moderate-Poor	Adult	Indeterminate	Gracile individual? Slight osteophytic lipping around the margin of a single vertebral body fragment.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
193	60	Moderate-Poor	Adolescent-Young Adult	Female?	No visible pathology.	3
196	15	Moderate	Adult?	N/A	No visible pathology.	3
199	55	Moderate	Young Adult?	Indeterminate	Osteophytic lipping around rib head facet margins.	3
201	30	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3
205	15	Moderate-Poor	Adult?	N/A	No visible pathology.	3
208	75	Moderate-Poor	Old Adult	Female?	Teeth extant. Possible severe infection visible on left fibula shaft fragments. Some osteophytic lipping on rib heads. Severe osteophytic lipping on margins of vertebral bodies.	3
210	15	Moderate-Poor	?	N/A	Legs only. No visible pathology.	3
214	20	Poor	Juvenile?	N/A	No visible pathology.	3
217	40	Moderate-Poor	Adult?	Indeterminate	Tooth extant. Possible porosity/ 3 drilled holes on the articular surface of the distal end of the right ulna. Porosity/ 3 drill holes on the distal end of the right metacarpal.	3
219	10	Poor	Infant-Juvenile	N/A	Teeth extant.	3
223	25	Moderate-Poor	Old Adult	Female?	Teeth extant. A-M tooth loss and socket resorption. Possible porosity on both femoral heads.	3
229	15	Poor	Juvenile	N/A	Teeth extant.	3
234	20	Moderate-Poor	?	N/A	No visible pathology.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
237	75	Moderate	Young Adult	Indeterminate	Traces of porosity on vertebral bodies. Teeth extant.	3
239	20	Moderate-Poor	Young Adult?	Indeterminate	Teeth extant. Schmorl's nodes on vertebral bodies.	3
243	25	Moderate-Poor	Juvenile	N/A	No visible pathology	3
246	85	Good-Moderate	Mid-Old Adult	Male	Teeth extant. A-M tooth loss and socket resorption. OA - rib heads. Osteophytic lipping on vertebral body margins. Schmorl's nodes on various vertebral bodies. Slight osteophytic spications and porosity on articular facets.	3
249	45	Good-Moderate	Adolescent-Young Adult	Indeterminate	Possible Schmorl's nodes on vertebral body. Possible cut on left tibia - midshaft. Osteophytic lipping around vertebral body margins.	3
254	40	Moderate-Poor	Adult?	Female?	Teeth extant. Caries.	3
256	20	Moderate	Juvenile	N/A	No visible pathology.	3
260	40	Good-Moderate	Juvenile	N/A	No visible pathology.	3
262	30	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3
268	45	Moderate-Poor	Juvenile-Adolescent?	N/A	No visible pathology.	3
270	5	Poor	?	N/A	Tooth extant.	3
275	25	Poor	Adult?	N/A	No visible pathology.	3
278	30	Moderate	Mid Adult?	Indeterminate	Severe osteophytic lipping and porosity on lumbar vertebral bodies.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
281	65	Moderate	Mid Adult	Male?	Schmorl's nodes on vertebral bodies. Teeth extant.	3
286	40	Moderate-Poor	Adult	Indeterminate	Osteophytic lipping around the margins of vertebral bodies. Schmorl's nodes on vertebral bodies.	3
289	60	Moderate-Poor	Adult	Indeterminate	Schmorl's nodes on vertebral bodies.	3
294	85	Good-Moderate	Mid-Old Adult	Indeterminate	Teeth extant. Possible caries. A-M tooth loss and socket resorption.	3
297	45	Moderate-Poor	Adult	Indeterminate	Slight osteophytic lipping and porosity on vertebral bodies.	3
301	15	Moderate-Poor	Juvenile-Adolescent?	N/A	No visible pathology.	3
306	80	Moderate	Young-Mid Adult	Female?	Teeth extant.	3
311	40	Moderate	Mid-Old Adult	Female?	Teeth extant. Slight osteophytic lipping on vertebral body.	3
314	45	Moderate-Poor	Adult	N/A	Teeth extant.	3
317	70	Moderate	Adult	Female?	Possible traces of lamellar bone on right tibia shaft. Teeth extant.	3
320	25	Moderate-Poor	Old Adult?	Indeterminate	Schmorl's nodes on vertebral bodies. Ossified soft tissue on patella. Osteophytic lipping on vertebral body margins. Possible A-M tooth loss and socket resorption. Teeth extant.	3
323	20	Moderate-Poor	Adult?	N/A	No visible pathology.	3
329	60	Moderate-	Juvenile	N/A	Teeth extant.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
		Poor				
333	10	Poor	Adult?	N/A	No visible pathology.	3
339	10	Moderate-Poor	?	N/A	No visible pathology.	3
342	65	Moderate	Old Adult?	Female?	Teeth extant. A-M tooth loss and socket resorption.	3
347	45	Moderate-Poor	Juvenile	N/A	Teeth extant.	3
350	50	Moderate	Adult?	Indeterminate	No visible pathology.	3
354	35	Moderate	Young Adult	Indeterminate	Teeth extant. Schmorl's nodes on vertebral bodies.	3
356	85	Moderate	Old Adult?	Male?	Teeth extant. A-M tooth loss and socket resorption.	3
360	20	Moderate-Poor	Adolescent-Young Adult	Indeterminate	Teeth extant.	3
365	20	Moderate	Young-Mid Adult	Indeterminate	No visible pathology.	3
368	65	Moderate	Young-Mid Adult	Male	Cribriform orbitalia. Teeth extant. Possible Schmorl's nodes/porosity on vertebral bodies.	3
371	25	Moderate-Poor	?	N/A	No visible pathology.	3
374	85	Moderate	Mid Adult	Female?	Possible gout. Teeth extant. Osteophytic lipping and porosity on distal end of right metacarpal. Schmorl's nodes on vertebral bodies. Slight osteophytic lipping on vertebral body margins.	3
377	50	Moderate-Poor	Juvenile	N/A	Teeth extant.	3



Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
380	65	Moderate-Poor	Old Adult	Indeterminate	Teeth extant. Caries. Infant skull fragments found associated with this skeleton.	3
382	80	Moderate	Juvenile	N/A	Teeth extant. Possible cribra orbitalia. Hole in frontal bone - trauma?	3
384	80	Moderate	Young Adult?	Female?	Schmorl's nodes and porosity on vertebral bodies. Slight osteophytic lipping on vertebral body margins. Teeth extant. Caries.	3
388	30	Moderate	Young Adult	Female?	Teeth extant.	3
391	25	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3
400	15	Moderate-Poor	Infant-Juvenile	N/A	Teeth extant.	3
403	70	Moderate-Poor	Adult	Indeterminate	A-M tooth loss and socket resorption. Teeth extant. Ossified soft tissue. Traces of porosity on vertebral bodies. Traces of osteophytic lipping on vertebral body margins.	3
407	65	Moderate-Poor	Mid Adult	Male?	Teeth extant. Caries. Schmorl's nodes?	3
410	85	Good-Moderate	Old Adult.	Male?	Disarticulated bone found within this context. Osteophytic lipping and Schmorl's nodes on vertebral bodies. Osteophytic lipping around articular facets of rib heads. A-M tooth loss and socket resorption. Teeth extant.	3
422	45	Moderate	Juvenile	N/A	Teeth extant.	3
425	15	Moderate-Poor	Infant	N/A	No visible pathology. Disarticulated bone found in this context.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
428	60	Moderate-Poor	Juvenile	N/A	Teeth extant	3
430	90	Moderate	Adolescent-Young Adult	Female?	Swollen appearance of sternal end of right clavicle - healed fracture? Gracile individual. Porosity and Schmorl's nodes on vertebral bodies.	3
434	15	Moderate	Adult?	N/A	Soft tissue ossification on anterior surface of right patella.	3
443	90	Good-Moderate	Young Adult	Female?	Slight osteophytic lipping on rib head articular facet margins. Schmorl's nodes on vertebral bodies. Caries. Teeth extant. Possible cribra orbitalia.	3
455	20	Moderate-Poor	?	N/A	Tooth extant.	3
458	80	Moderate	Mid-Old Adult	Male?	Severe osteophytic lipping, Schmorl's nodes and porosity on sacrum and vertebral bodies. OA vertebral articular facets.	3
461	20	Moderate-Poor	Adult?	N/A	No visible pathology.	3
466	10	Moderate-Poor	?	N/A	Mandibular abscess?	3
469	70	Moderate-Poor	Young Adult	Indeterminate	Teeth extant. Possible cribra orbitalia.	3
471	60	Moderate	Juvenile	N/A	Teeth extant. Possible caries.	3
473	45	Moderate-Poor	Mid-Old Adult	N/A	Teeth extant.	3
476	25	Moderate-Poor	Mid-Old Adult	N/A	Teeth extant.	3
478	15	Moderate-Poor	?	N/A	No visible pathology.	3
485	40	Moderate-Poor	Mid Adult	Male?	Teeth extant.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
488	55	Poor	Juvenile	N/A	Teeth extant. Possible enamel hypoplasia.	3
491	25	Poor	Infant-Juvenile	N/A	Teeth extant. Possible slight rickets.	3
494	80	Moderate-Poor	Mid-Old Adult	Male?	Teeth extant.	3
497	20	Moderate-Poor	Juvenile?	N/A	Teeth extant.	3
500	20	Moderate-Poor	?	N/A	No visible pathology.	3
506	55	Moderate-Poor	Adult	Female?	Teeth extant.	3
509	20	Moderate	Adult?	Indeterminate	Osteophytic activity on margins of articular facets.	3
511	20	Moderate	?	N/A	No visible pathology.	3
515	40	Moderate-Poor	Juvenile	N/A	Teeth extant.	3
523	5	Poor	Adult	N/A	Teeth extant. Possible caries.	3
526	20	Moderate	Adult?	N/A	No visible pathology.	3
530	45	Moderate-Poor	Juvenile	N/A	Teeth extant.	3
533	60	Moderate-Poor	Mid-Old Adult	Indeterminate	Teeth extant. Osteophytic lipping around margins of vertebral bodies. Traces of Schmorl's nodes and porosity on vertebral bodies.	3
536	45	Moderate-Poor	?	N/A	Teeth extant. Possible ulcer on occipital.	3
539	10	Moderate-Poor	Young-Mid Adult	Indeterminate	Teeth extant.	3
545	10	Poor	?	N/A	No visible pathology. Disartic bone [544] comes from the same grave.	3
556	55	Moderate-Poor	Adult	Indeterminate	Teeth extant.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
562	20	Poor	Adult?	Indeterminate	No visible pathology.	3
567	10	Poor	?	N/A	No visible pathology.	3
569	15	Moderate-Poor	Adult?	N/A	No visible pathology.	3
579	20	Poor	?	N/A	Teeth extant.	3
582	35	Moderate-Poor	Mid-Old Adult	Indeterminate	Possible OA of left arm (certainly porosity and possible osteophytic activity). Possible osteophytic lipping and porosity on vertebral bodies. A-M tooth loss and socket resorption on mandible.	3
585	10	Poor	?	N/A	Caries.	3
588	35	Moderate-Poor	Infant-Juvenile	N/A	Teeth extant.	3
592	20	Moderate	Infant-Juvenile	N/A	Teeth extant	3
596	75	Moderate	Juvenile	N/A	Teeth extant.	3
599	5	Moderate	?	N/A	No visible pathology.	3
602	55	Moderate	?	N/A	Porosity and Schmorl's nodes on vertebral bodies.	3
608	50	Moderate	Old Adult?	N/A	Teeth extant.	3
612	3	Moderate-Poor	?	N/A	Teeth extant.	3
616	45	Poor	Juvenile	N/A	Teeth extant.	3
622	65	Moderate-Poor	Mid-Old Adult	Indeterminate	Teeth extant.	3
624	70	Moderate-Poor	?	Indeterminate	No visible pathology.	3
628	60	Moderate-Poor	Young Adult?	Indeterminate	Teeth extant.	3
631	40	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
634	80	Moderate-Poor	Mid-Old Adult	Female?	Teeth extant. Schmorl's nodes on vertebral bodies.	3
637	40	Poor	Juvenile	N/A	No visible pathology.	3
640	70	Moderate	Old Adult?	Male?	Slight osteophytic lipping and porosity on vertebral bodies. A-M tooth loss and socket resorption.	3
642	40	Moderate-Poor	Adult	Indeterminate	A-M tooth loss and socket resorption. Teeth extant.	3
646	15	Moderate	Adult?	N/A	No visible pathology.	3
655	15	Moderate-Poor	Adult?	N/A	No visible pathology.	3
669	55	Moderate	Mid Adult?	Male?	No visible pathology.	3
672	30	Moderate	Adult	Indeterminate	Evidence of burining on sacrum and possibly on ilium fragment. No visible pathology.	3
675	40	Moderate-Poor	?	N/A	No visible pathology.	3
678	10	Poor	Juvenile?	N/A	Tooth extant.	3
681	30	Poor	?	N/A	No visible pathology.	3
683	5	Poor	?	N/A	No visible pathology.	3
687	10	Poor	?	N/A	No visible pathology.	3
690	10	Moderate-Poor	?	N/A	No visible pathology.	3
693	70	Moderate	Old Adult?	Indeterminate	Slight flattening of profile of long bones (especially right femur). Possible caries.	3
696	55	Moderate-Poor	Adult	Indeterminate	Teeth extant.	3
698	10	Moderate-Poor	Adult?	N/A	No visible pathology.	3
701	5	Poor	?	N/A	No visible pathology.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
705	5	Poor	?	Indeterminate	No visible pathology.	3
708	70	Moderate-Poor	Mid-Old Adult	Indeterminate	Teeth extant. Osteophytic lipping around margins of vertebral bodies.	3
711	10	Moderate-Poor	Old Adult?	Male?	A-M tooth loss and socket resorption. Teeth extant.	3
714	60	Moderate-Poor	Adult?	Male?	No visible pathology.	3
716	5	Poor	?	N/A	No visible pathology.	3
720	5	Poor	?	Indeterminate	Skull fragments.	3
723	20	Moderate-Poor	Adult?	N/A	Possibly burnt in parts?	3
726	35	Moderate-Poor	?	N/A	Teeth extant.	3
728	5	Poor	?	N/A	Slightly burnt.	3
732	10	Moderate-Poor	Mid-Old Adult	Indeterminate	Teeth extant.	3
735	65	Moderate-Poor	Adult?	N/A	No visible pathology.	3
744	5	Moderate-Poor	Adult?	N/A	Teeth extant	3
751	50	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3
757	50	Moderate-Poor	Mid Adult	Indeterminate	Teeth extant. Flattening of right fibula profile?	3
761	15	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3
769	80	Moderate	Mid Adult	Male?	Teeth extant. Caries. Possible enamel hypoplasia. Schmorl's nodes on vertebral bodies. Slight osteophytic lipping around vertebral body margin.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
779	30	Moderate-Poor	?	Indeterminate	Teeth extant. Possible caries.	3
798	35	Moderate-Poor	Adult?	Indeterminate	No visible pathology.	3
801	60	Moderate-Poor	Mid Adult	Female?	Teeth extant. Dental overcrowding. Possible caries. Possible abscess.	3
805	40	Moderate	Adult	Indeterminate	Possible lamellar bone on left tibia.	3
809	40	Moderate-Poor	Adult	Female?	Caries.	3
812	10	Poor	?	N/A	No visible pathology.	3
815	25	Moderate	Young Adult	Female?	Dental overcrowding.	3
820	5	Poor	?	N/A	No visible pathology.	3
825	25	Poor	?	N/A	Possible traces of OA on cervical vertebrae. Teeth extant.	3
828	20	Moderate-Poor	Mid Adult?	Indeterminate	Teeth extant. Caries.	3
831	5	Moderate-Poor	?	N/A	No visible pathology.	3
838	15	Moderate-Poor	Adult?	Indeterminate	A-M tooth loss and socket resorption. Possible porosity on vertebral body.	3
844	15	Moderate-Poor	Adult?	Indeterminate	Possible A-M tooth loss and socket resorption.	3
848	10	Moderate-Poor	Adult?	Indeterminate	A-M tooth loss and socket resorption. Teeth extant.	3
853	10	Moderate-Poor	Juvenile-Adolescent?	N/A	Teeth extant.	3
855	1	Poor	?	N/A	No visible pathology.	3
858	5	Moderate-Poor	?	N/A	No visible pathology.	3
862	10	Poor	?	N/A	No visible pathology.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
870	1	Poor	?	N/A	No visible pathology.	3
876	70	Moderate	Mid Adult?	Indeterminate	A-M tooth loss and socket resorption. Teeth extant. Rib shaft fragment possible ulcer - calcified deposit. Left femur slightly swollen appearance - infection or healed fracture of proximal shaft?	3
880	55	Moderate-Poor	Young-Mid Adult	Female?	Teeth extant. Large hole in left tibia - probably the result of p-m damage but possibly p-m breakage of a-m trauma/ infection point. Possible cribra orbitalia. Mandibular abscess	3
884	1	Poor	?	N/A	No visible pathology.	3
886	20	Poor	?	N/A	No visible pathology.	3
890	10	Moderate-Poor	Juvenile-Adolescent	N/A	Teeth extant.	3
894	20	Moderate	Old Adult?	Indeterminate	No visible pathology.	3
897	15	Moderate-Poor	Juvenile	N/A	No visible pathology	3
900	80	Moderate	Mid-Old Adult	Female?	OA on vertebral articular facets. Possible osteophytic lipping on vertebral body margin. Schmorl's nodes on vertebral body fragment. Cribra orbitalia. Teeth extant. Possible caries. A-M tooth loss and socket resorption.	3
903	15	Moderate-Poor	Juvenile	N/A	Skull fragments only.	3
914	20	Moderate-Poor	Young-Mid Adult	Indeterminate	Teeth extant. Porosity and slight osteophytic lipping on vertebral bodies.	3



Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
917	35	Moderate-Poor	Adolescent?	N/A	Traces of lamellar bone on femora fragments.	3
920	5	Moderate-Poor	?	N/A	No visible pathology.	3
926	5	Poor	?	N/A	No visible pathology.	3
928	75	Moderate	Old Adult	Indeterminate	Sharp force trauma to skull (healed?).Osteophytic lipping on rib head margins and vertebral articular facets. Osteophytic lipping and Schmorl's nodes on vertebral bodies. Teeth extant. Severe mandibular abscess.	3
932	5	Moderate-Poor	Infant-Juvenile	N/A	No visible pathology.	3
935	50	Moderate-Poor	Old Adult?	Male?	Possible Schmorl's nodes on a vertebral body. Teeth extant. Possible A-M tooth loss and socket resorption. Caries.	3
941	55	Moderate-Poor	Young-Mid Adult	Male?	Possible Schmorl's nodes on vertebral body fragments. Teeth extant.	3
944	20	Moderate-Poor	Adult?	N/A	No visible pathology.	3
950	2	Poor	?	N/A	No visible pathology.	3
952	2	Poor	?	N/A	No visible pathology	3
954	65	Moderate	Old Adult	Male?	Porosity and osteophytic lipping on vertebral bodies. Porosity (possible OA?) on vertebral articular facets. Teeth extant. Possible caries.	3
959	35	Moderate	Mid-Old Adult	Indeterminate	Teeth extant. Possible caries.	3
962	20	Moderate-Poor	Adult	N/A	Teeth extant.	3

Context no.	Completeness (%)	Condition	Age	Sex	Pathology/Other Comments	Phase (Prov.)
967	70	Moderate	Mid-Old Adult?	Indeterminate	Osteoporosis? Traces of OA on vertebral and sacral articular facets. Osteophytic lipping, Schmorl's nodes and porosity on vertebral bodies. Teeth extant. A-M tooth loss and partial socket resorption?	3
979	10	Poor	Infant-Juvenile	N/A	No visible pathology.	3
982	30	Moderate	Mid-Old Adult	Female?	No visible pathology.	3
986	5	Moderate-Poor	Adult?	N/A	No visible pathology.	3
989	10	Moderate-Poor	?	N/A	Teeth extant.	3
992	10	Poor	Infant-Juvenile	N/A	Teeth extant.	3
1003	15	Moderate-Poor	Juvenile	N/A	Found with skeleton [234].	3

**Contexts containing disarticulated human bone**

Context no.	MNI for each context	Phase (prov.)
86	1	3
126	1	3
127	1	3
144	1	3
147	1	3
164	1	3
166	1	3
176	1	3
188	1	3
198	1	3
207	1	3
216	1	3
231	1	3
236	1	3
241	1	3
245	1	3
248	2	3
251	1	3
263	1	3
267	1	3
277	2	3
280	1	3

Context no.	MNI for each context	Phase (prov.)
358	2	3
359	1	3
362	1	3
367	1	3
373	1	3
382	3	3
386	3	3
402	1	3
405	1	3
406	1	3
409	1	3
410	1	3
419	1	3
425	1	3
432	1	3
433	2	3
436	1	3
447	1	3
457	4	3
470	1	3
471	1	3
476	1	3

Context no.	MNI for each context	Phase (prov.)
595	1	3
598	1	3
601	1	3
626	1	3
633	1	3
636	1	3
644	1	3
649	1	3
653	1	3
662	1	3
666	3	3
668	1	3
692	1	3
713	1	3
725	1	3
774	1	3
776	1	3
782	1	3
785	2	3
807	1	3
875	1	3
878	2	3

Context no.	MNI for each context	Phase (prov.)
288	2	3
299	1	3
308	2	3
309	1	3
313	3	3
316	1	3
331	1	3
338	1	3
341	1	3
349	1	3
353	2	3

Context no.	MNI for each context	Phase (prov.)
480	1	3
481	1	3
499	1	3
505	1	3
513	1	3
521	1	3
535	1	3
544	1	3
561	1	3
571	2	3
581	1	3
582	1	3

Context no.	MNI for each context	Phase (prov.)
889	1	3
899	3	3
917	1	3
930	1	3
964	1	3
966	2	3
981	1	3
985	1	3
991	3	3
1002	1	3
+	2	3
115/ 118/ 121	See Skeletal Catalogue Pathology/Other Comments	3

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# PCA

## **PCA SOUTH**

UNIT 54  
BROCKLEY CROSS BUSINESS CENTRE  
96 ENDWELL ROAD  
BROCKLEY  
LONDON SE4 2PD  
TEL: 020 7732 3925 / 020 7639 9091  
FAX: 020 7639 9588  
EMAIL: [info@pre-construct.com](mailto:info@pre-construct.com)

## **PCA NORTH**

UNIT 19A  
TURSDALE BUSINESS PARK  
DURHAM DH6 5PG  
TEL: 0191 377 1111  
FAX: 0191 377 0101  
EMAIL: [info.north@pre-construct.com](mailto:info.north@pre-construct.com)

## **PCA CENTRAL**

7 GRANTA TERRACE  
STAPLEFORD  
CAMBRIDGESHIRE CB22 5DL  
TEL: 01223 845 522  
FAX: 01223 845 522  
EMAIL: [info.central@pre-construct.com](mailto:info.central@pre-construct.com)

## **PCA WEST**

BLOCK 4  
CHILCOMB HOUSE  
CHILCOMB LANE  
WINCHESTER  
HAMPSHIRE SO23 8RB  
TEL: 01962 849 549  
EMAIL: [info.west@pre-construct.com](mailto:info.west@pre-construct.com)

## **PCA MIDLANDS**

17-19 KETTERING RD  
LITTLE BOWDEN  
MARKET HARBOROUGH  
LEICESTERSHIRE LE16 8AN  
TEL: 01858 468 333  
EMAIL: [info.midlands@pre-construct.com](mailto:info.midlands@pre-construct.com)

