



LIMITED PERIMORTEM EVIDENCE OF INTERPERSONAL VIOLENCE IN EARLY MEDIEVAL POLAND

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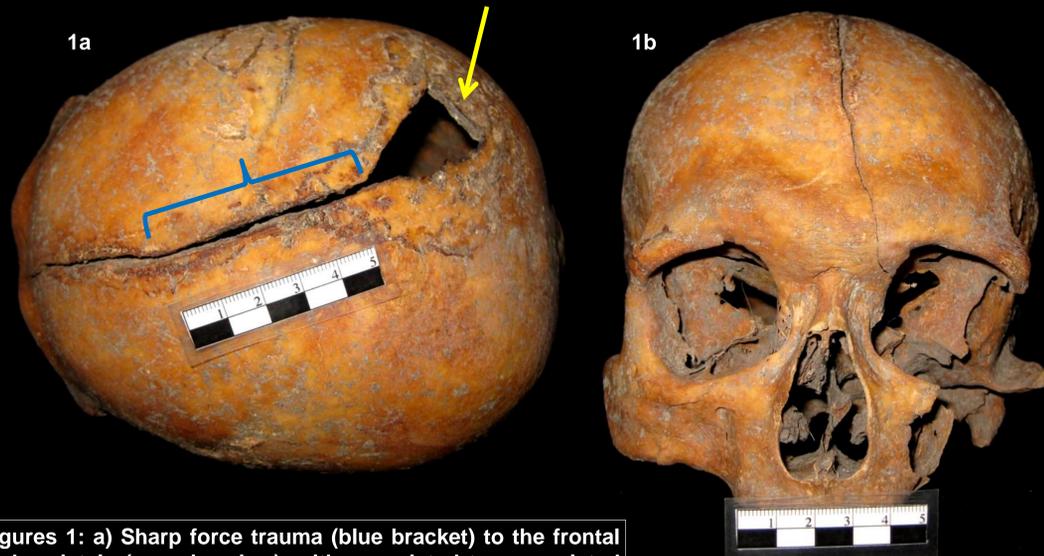


INTRODUCTION

Early medieval (11-12th c.) cemetery site Gz 4 in Giecz, Poland represents a population that inhabited an area of one of the main military fortifications, during the tumultuous times of Poland's early statehood formation. This site experienced violent warfare (AD 1038) just prior to the cemeteries establishment and served a military administration¹. This poster presents 2 skeletons from Gz4 that exhibit perimortem trauma, evidence of interpersonal violence.

CASE 1

Grave 54/99 (FIG 1a and 1b) is an adult male (40-45 years old) exhibiting sharp force perimortem trauma across the superior frontal and both parietals (FIG 1a). There is a triangular defect on the superior right parietal with morphology consistent with the removal of a sharp instrument². An associated radiating fracture runs from the sharp force trauma, across the frontal and left supraorbital (FIG 1b).



Figures 1: a) Sharp force trauma (blue bracket) to the frontal and parietals (superior view), with associated trauma related to removal of instrument (arrow); b) Anterior view of skull with radiating fracture on frontal and left supraorbital.

CASE 2

Grave 67/00 (FIG 2a-f) is an adult male (30-35 years old) with sharp force trauma affecting various cranial and post-cranial elements. On the cranium, a large piece of right parietal, temporal and adjacent bones (FIG 2a), and a piece of left parietal (FIG 2b) were removed by sharp force. Associated radiating fractures run through the occipital and right sphenoid, maxilla, and palatine and through the left parietal and occipital. Both zygomatics exhibit sharp force trauma. The left clavicle has a sharp force defect on the superior surface of the midshaft (FIG 2c). The left scapula is missing the tip of the acromion process, possibly due to sharp force. The 6th cervical vertebra has sharp force trauma on the inferior articular facet with the transverse process removed and the 7th has a cut mark on the medial edge of the right superior facet (FIG 2d). The left hand (FIG 2e), including the 2nd and 3rd metacarpals, trapezium, lunate, and first distal phalanx and the left arm, both the radius and ulna (FIG 2f), exhibit sharp force trauma and associated radiating fractures that suggest defensive wounds.

Figure 2: Sharp force trauma to a) right lateral skull b) left lateral skull, c) left clavicle (superior view) with sharp force defect (circled); d) C6 and C7 (right lateral view); e) left 2nd and 3rd metacarpals (dorsal view), triquetrum and first distal hand phalanx (palmer view); f) left radius and ulna (anterior view) with sharp force trauma and associated radiating fractures.



DISCUSSION

Only the 2 cases (0.007% of the total population) presented in this poster show evidence of perimortem violent trauma. Despite the violent events associated with the formation of the early Polish state and the supposed military involvement of the population buried at Gz4, the individuals excavated thus far (n=278) surprisingly comprise a typical population distribution of sex and age and have limited evidence of interpersonal violence - rather than a population of a male-dominated military force, riddled with traumatic, fatal injuries reflecting wartime activity. Although antemortem trauma is evident, only 1 case is consistent with interpersonal violence (0.004% of the total population). In addition, antemortem trauma in the adult population is almost equally distributed between males and females and appears to be associated with labor-intensive daily activities rather than interpersonal violence. If the population at Gz4 were involved in violent military activities, it is possible that fatal battles were fought elsewhere and individuals involved are not represented at this site. Another possibility is that during the 11th and 12th centuries, the intensity of violence in Giecz diminished.

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¹Barford P. 2001. The Early Slavs: Culture and society in early medieval Eastern Europe. Ithaca: Cornell University Press.
²Roberts C, Manchester K. 1997. Archaeology of Disease, 2nd Edition. Cornell University Press