

# Femur Subtrochanteric Shape and Ancestry Assessment in Modern Japanese and Thai Individuals\*

Sean D. Tallman, Department of Anthropology, University of Tennessee, Knoxville, TN, stallman@vols.utk.edu



## Introduction

The paucity of cranial remains presents a significant problem to bioarchaeologists and forensic anthropologists in the determination of ancestry. While postcranial ancestry methods generally lack the accuracy attained from cranial methods, morphoscopic and morphometric approaches have been applied to the proximal, diaphyseal, and distal femur with varying success. Notably, femur subtrochanteric size and shape have been employed to differentiate between broad ancestral groups using anterior-posterior (A-P) and medial-lateral (M-L) sectioning lines (Gilbert and Gill 1990; Gill and Rhine 1990), in addition to the platymeric index (PI; Wescott 2005). The PI is calculated by dividing the A-P by M-L subtrochanteric diameter and multiplying by 100, with individuals exhibiting platymeric (medio-laterally broad;  $PI \leq 84.9$ ), eurymeric (rounded;  $PI 85.0 - 99.9$ ), or stenomic (antero-posteriorly broad;  $PI \geq 100.0$ ) subtrochanteric regions (Fig. 1). While the traditional sectioning line positions and PI thresholds are population dependent, they achieve success rates in excess of 80% when differentiating between Native Americans (generally platymeric) and pooled Afro- and Euro-Americans (generally eurymeric). Though it is often assumed that East Asian groups also exhibit similarly platymeric subtrochanteric morphologies, this assumption is based mainly on data derived from Native American archaeological assemblages. However, recent work has demonstrated that some East Asian groups are less platymeric than Native Americans (Tallman and Winburn 2015), while some Eastern European populations exhibit unexpectedly high rates of platymeria (McIlvaine and Schepartz 2015). As such, population-specific subtrochanteric ancestry methods should be used.

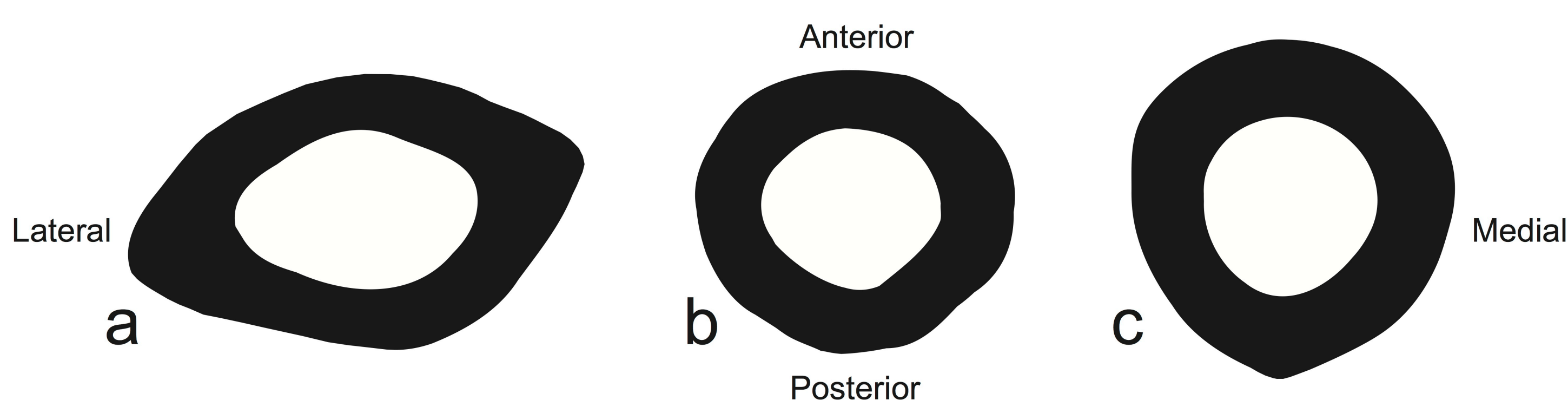


Figure 1. Cross sections of platymeric (a), eurymeric (b), and stenomic (c) femora (Tallman and Winburn 2015).

Several methodological issues and inherent assumptions have been identified with the use of the proximal femur in ancestry assessment. In particular, the A-P and M-L subtrochanteric measurements generally exhibit high intra- and inter- observer error rates (Adams and Byrd 2002). Further, subtrochanteric methods assume: that there is minimal sexual dimorphism within populations; that populations are temporally and geographically homogenous; and that population differences in subtrochanteric form are attributable to genetic variation rather than biomechanical stress (Wescott and Srikanta 2008). While Wescott and Srikanta found that dimorphism, intrapopulation variance, and biomechanical stresses do affect subtrochanteric form, these factors do not significantly impede discriminating between Native American and Afro-/Euro- American individuals.

The current study further explores femur subtrochanteric size and shape variability and its use in forensic ancestry assessment by testing Wescott's (2005), Gill and Rhine's (1990), and Tallman and Winburn's (2015) femur subtrochanteric methods and associated assumptions on modern Japanese and Thai individuals aged 17-96 years.

## Materials and Methods

The Japanese sample consists of 287 known individuals from the greater Tokyo region who died during the late 19th/early 20th centuries (Chiba University) and those who died during the 1960s/1970s (Jikei University). The Thai sample is composed of 149 known individuals from northern Thailand who died in very recent decades (Khon Kaen University). A Euro-American sample of 77 males identified by the Department of Defense was used to help test the discriminatory power of subtrochanteric size and shape. To examine intra- and inter- observer error rates, 45 Chiba femora were re-measured; to examine the effects of body size, femur maximum length (FML) and maximum femoral head diameter (MHD) were measured for a subsample of 136 Thai individuals. Intraclass correlation coefficients, discriminant functions, descriptive statistics, t-tests, and ANOVAs were calculated in the SPSS statistical software package.

## Results

Table 1. Intraclass correlation coefficients for 45 re-measured Chiba femora.

Test	A-P	M-L
Intraobserver	.989	.963
Interobserver	.981	.957

Table 2. Cross-validated discriminant function classification rates for Japanese and Euro-American males.

Group	N	Mean PI	PI		AP and ML	
			Correct	Incorrect	Correct	Incorrect
Japanese males	77	81.72	68.8%	31.2%	80.5%	19.5%
Euro-American males	77	91.36	58.4%	41.6%	62.3%	37.7%

Table 3. Descriptive statistics for Japanese and Thai with traditional (T) and adjusted (A) PI definitions\*.

Sample	N	Mean PI	SD	PI Range	Platymeric	Eurymeric	Stenomic
Japanese females	70	80.21 <sup>1,2</sup>	6.45	57.44-99.22	T: 80.0% <sup>4</sup> A: 90.0%	T: 20.0% A: 10.0%	T: 0% A: 0%
Japanese males	217	82.16 <sup>1,3</sup>	7.43	55.65-103.72	T: 62.7% <sup>4</sup> A: 79.7%	T: 35.9% A: 20.3%	T: 1.4% A: 0%
Thai females	45	79.71 <sup>1</sup>	7.14	64.29-93.55	T: 75.6% <sup>4</sup> A: 95.6%	T: 24.4% A: 4.4%	T: 0% A: 0%
Thai males	104	83.51 <sup>1</sup>	7.13	64.71-110.71	T: 60.6% <sup>4</sup> A: 82.7%	T: 36.5% A: 15.4%	T: 2.9% A: 1.9%

\*T: Platymeric ( $PI \leq 84.9$ ), Eurymeric ( $85.0 \leq PI \leq 99.9$ ), Stenomic ( $PI \geq 100.0$ ) (Wescott 2005);

A: Platymeric ( $PI \leq 88.9$ ), Eurymeric ( $89.0 \leq PI \leq 103.9$ ), Stenomic ( $PI \geq 104.0$ ) (Tallman and Winburn 2015).

<sup>1</sup> Japanese females differ from Japanese males ( $p=0.038$ ); Thai females differ from Thai males ( $p=0.004$ ).

<sup>2</sup> Japanese females who died during the early 19th/20th century ( $n=35$ ) differ (more platymeric) from those who died during the 1960s/1970s ( $n=35$ ;  $p=0.001$ ).

<sup>3</sup> Japanese males who died during the early 19th/20th century ( $n=134$ ) differ (more platymeric) from those who died during the 1960s/1970s ( $n=83$ ;  $p=0.001$ ).

<sup>4</sup> The Japanese and Thai females and males are less platymeric than Wescott's (2005) Native American females (85%) and males (79%) using traditional PI thresholds.

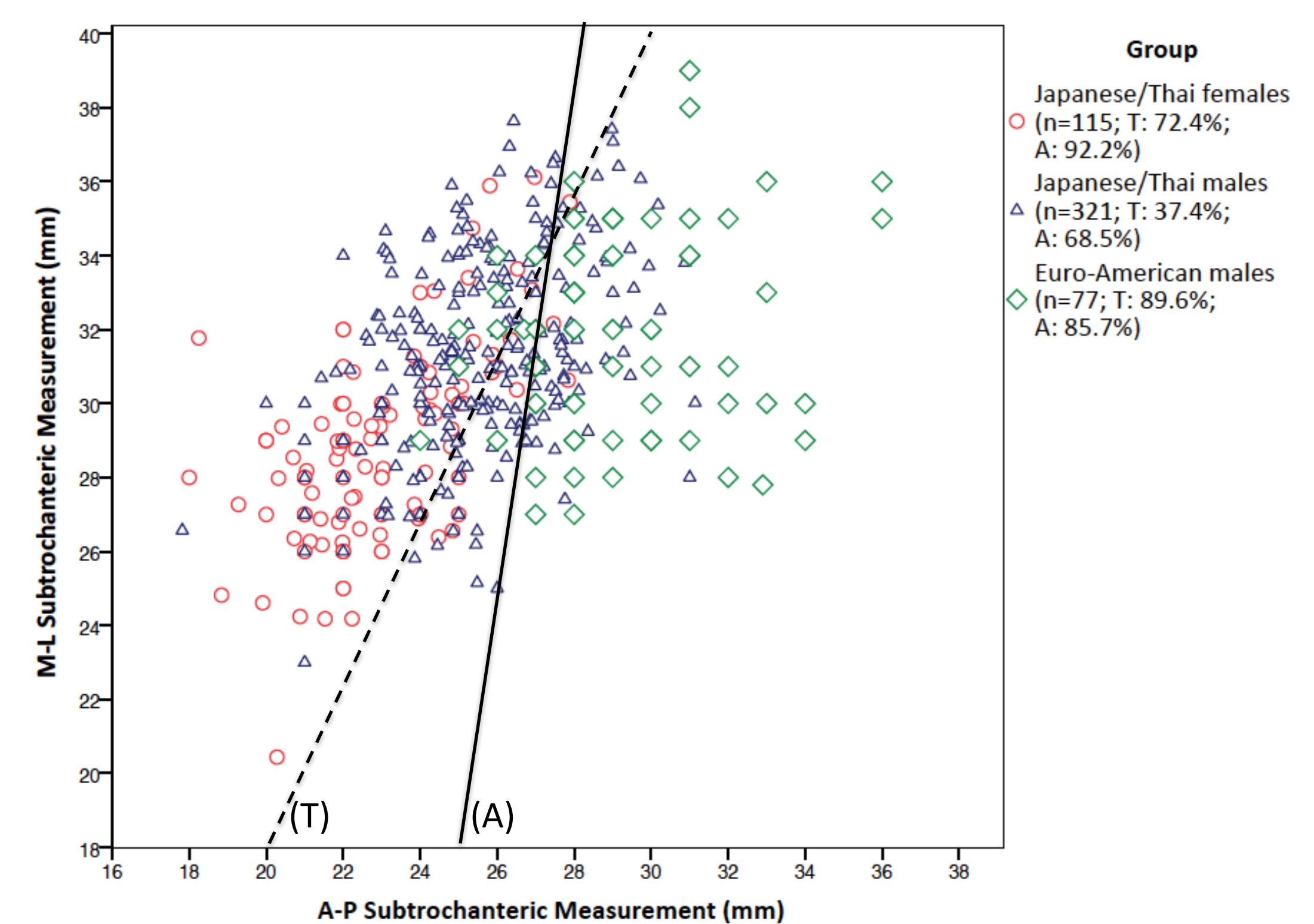


Figure 2. Scatterplot of Japanese, Thai, and Euro-American A-P and M-L measurements with traditional (T) Gill and Rhine (1990) and amended (A) Tallman and Winburn (2015) sectioning lines.

Table 4. ANOVA: Age effects on PI for 8 Japanese groups and 7 Thai groups.

Test	Sample	Sum of squares	df	Mean square	F	Sig.
Between groups	Japanese	623.170	7	89.024	1.716	.105
	Thai	538.511	6	89.752	1.698	.126
Within groups	Japanese	14471.572	279	51.869		
	Thai	7505.363	142	52.855		
Total	Japanese	15094.743	286			
	Thai	8043.874	148			

Table 5. ANOVA: FML and MHD effects on PI for 136 Japanese individuals.

Test	Meas.	Sum of squares	df	Mean square	F	Sig.
Between groups	FML	773.479	7	110.497	2.035	.055
	MHD	544.093	3	181.364	3.335	.021*
Within groups	FML	6948.492	128	54.285		
	MDH	7177.878	132	54.378		
Total	FML	7721.971	135			
	MDH	7721.971	135			

\*Bonferroni test shows significant difference (.024) in mean PIs between MHD  $\leq 40$  mm and MHD 47 - 50 mm.

## Discussion and Conclusions

Japanese and Thai individuals display considerable variability in subtrochanteric size and shape. Subtrochanteric ancestry assessment methods derived from Native American data exhibit reduced discriminatory power when applied to these two modern Asian groups, therefore underscoring the importance for the ongoing development and testing of population-specific methods. As such, the amended sectioning lines and PI thresholds should be used over those derived from Native Americans when presented with remains potentially originating from East or Southeast Asia.

Intra- and inter- observer variation introduces 1.2-4.3% error to measurements. Additionally, sex, time period, and MHD affect PI, while FML and age do not. This suggests that subtrochanteric form is not entirely under genetic control, but is also under the influence of intrapopulation variation, biomechanical stresses, secular change, and/or body size/proportions, potentially complicating its use in ancestry assessment. Despite these complications, this study demonstrates that population-specific PI thresholds and A-P and M-L sectioning lines are useful and appropriate in discriminating modern Japanese and Thai individuals from some non-Asian groups when cautiously applied.

## References

- Adams BJ, Byrd JE. 2002. Interobserver variation of selected postcranial skeletal measurements. *Journal of Forensic Sciences* 47:1193-1202.
- Gilbert R, Gill GW. 1990. A metric technique for identifying American Indian femora. In: Gill GW, Rhine S, editors. *Skeletal attribution of race: methods for forensic anthropology*. Maxwell Museum of Anthropology Anthropological Papers No. 4. Albuquerque: University of New Mexico. p. 97-99.
- Gill GW, Rhine S. Appendix A. A metric technique for identifying American Indian femora, by Gilbert R, Gill GW. In: Gill GW, Rhine S, editors. *Skeletal attribution of race: methods for forensic anthropology*. Maxwell Museum of Anthropology Anthropological Papers No. 4. Albuquerque: University of New Mexico. p. 99.
- McIlvaine BK, Schepartz LA. 2015. Femoral subtrochanteric shape in Albania: implications for use in forensic applications. *HOMO-Journal of Comparative Biology* 66:79-89.
- Tallman SD, Winburn AP. 2015. Forensic applicability of femur subtrochanteric shape to ancestry assessment in Thai and White American males. *Journal of Forensic Sciences* (July 2015); in press.
- Wescott DJ. 2005. Population variation in femur subtrochanteric shape. *Journal of Forensic Sciences* 50:286-293.
- Wescott DJ, Srikanta D. 2008. Assessing ancestry using femur subtrochanteric shape revisited: testing the assumptions of the Gilbert and Gill method. *HOMO-Journal of Comparative Human Biology* 59:347-363.

\*Portions of this research were supported by the National Science Foundation (grant #1414742), the Japanese Society for the Promotion of Science, and the Joint POW/MIA Accounting Command's Central Identification Laboratory.

Acknowledgements: Allysha P. Winburn, Carrie A. Brown, Dr. Yoshiharu Matsuno, Dr. Yoshikatsu Negishi, Dr. Panya Tuamsuk, Kathryn E. Kulhavy