

CAT. 5. Mummy of Ta(net)karu or Tadis

IMPACT ID: IMP00098

Institution: Leiden Museum

Designation: 5

Date of Acquisition: 1828

Contact: Dr. Maarten Raven (r.rave@rmo.ml)

Image Modality: CT

Country: Egypt

Site: Thebes

Time Period: Third Intermediate Period

Dynasty: 22nd dynasty

Date: Middle of the 22nd dynasty, ~800 BC

Sex: Female

Age: 52-60

Background:

Tadis or Ta(net)kharu was purchased in 1828 from G. d'Anastasi. Tadis and Ta(net)kharu are actually two separate mummies. In the 19th century, they were removed from their associated coffins, and unfortunately, we are unable to tell who is Tadis and who is Ta(net)kharu based on their physical appearance (Raven et al., 2005). The authors refer to them as AMM 21 and AMM 22. AMM 21 was purchased with the following material remains; two wooden coffins, and a cartonnage (Raven et al., 2005). The cartonnage was decorated with the following inscription, "for the mistress of the house Ta(net)kharu, wife of Pasenhor" (Raven et al., 2005; 100). Based on the coffin style the individuals most likely came from the same workshop, which was located within Thebes. Cat.5. Mummy of Tadis or Ta(net)kharu is a female and has been categorized to be within the age interval of 52-60 (Raven et al., 2005). The bandages used on the individual



Figure 1.0 Image of Ta(net)Karu or Tadis's skull

vary in overall size, with narrow linen being used on the feet, and wider linen being used on the abdomen (Raven et al., 2005). The level of linen preservation fluctuates throughout the whole body. The abdominal linen is rather pale in colour, there is slight damage to the linen covering facial features, and finally, the linen covering the back is darker due to water damage (Raven et al., 2005). The authors state that a small amount of resin was used on the bandages as a whole, and that extra bandages were used to fill cavities throughout the body (Raven et al., 2005).

Pathological features:

As a whole, the skull bones are described to be in a good state of preservation with only some fractures appearing on the frontal bone (which are only apparent through x-ray examination) (Raven et al., 2005). In addition, the skull bone's overall thickness is very good, (a clear diploë being observed) except for the parietal bones which the authors state exhibit biparietal osteodystrophy (Raven et al., 2005). The coronal and lambdoidal sutures are categorized as being closed however, they are still faintly visible (Raven et al., 2005). The authors describe extensive pneumatization of both the frontal and ethmoid sinuses (Raven et al., 2005). In addition, due to brain removal, the right side of the ethmoid, and the right maxillary sinuses are both heavily disturbed (Raven et al., 2005). Within the cranium itself, only small bone fragments remain and are situated within the occipital region (Raven et al., 2005). Artificial eyes were observed to be present (Raven et al., 2005). The individual's mouth is not fully closed and as a result, the researchers can state that throughout life the individual had an overbite. Finally, the individual's age categorization is further supported by the eruption of the third molars and by there being attrition visible (Raven et al., 2005).

Fractures within the thoracic region of the spine are visible (Raven et al., 2005). Within the cervical region of the spine, osteophyte formation is well observed, specifically from C3-C4 and C6-C7 (Raven et al., 2005). This individual likely suffered from osteopenia due to the lack of bone density present within the vertebral column (Raven et al., 2005). Throughout the pelvis, there are multiple fractures affecting the ischial, pubic, and pubic symphysis (Raven et al., 2005).

Multiple fractures are present throughout the thoracic cage, with multiple rib fractures and numerous costovertebral joint dislocations, these are most likely post-mortem damages (Raven et al., 2005). The upper thoracic region is filled with a substance described as "granular and inhomogeneous" possibly meaning sand or mud (Raven et al., 2005; 102). Whereas the lower thoracic region is filled with rolled linen that has been soaked in resin (Raven et al., 2005). There appear to be no organs present, and the incision used for embalmment appears to be large (Raven et al., 2005).

There are only two blatant pathological damages to the extremities. The first is a dislocation of the humero-scapular joint, which the authors state could have occurred post-mortem (Raven et al., 2005). The second is a fracture to the left femur neck (Raven et al., 2005). That being said, the individual's bone density throughout their extremities does not display any obvious pathological defects, and the joints do not demonstrate excess deterioration (Raven et al., 2005).

Resources

Raven, M. J., Taconis, W. K., & Maat, G. J. 2005. Egyptian mummies: Radiological Atlas of the Collections in the National Museum of Antiquities at Leiden. Turnhout, Belgium: Brepols.