An Analysis of the Effects of Dwarfism on the Individual in Human Society

Palaeopathology

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(Lambers et al, 1998), these individuals are substantially shorter than the average person though their skeletons are in normal proportions.

Turner’s syndrome, however is not caused by a hormone deficit, but is caused by the absence, or partial absence of one of the X Chromosomes. Due to this condition being related to the X chromosome, it is a condition which only occurs in females. The condition was initially described by Turner in 1938, and it is Turner who the syndrome was named for. The syndrome is very uncommon, and only occurs in approximately 1 in every 2’500 live births, affected individuals are usually short, measuring only 140 – 143 cm in height. Characteristics of those affected with Turner’s syndrome include a webbed neck and a low hairline (Doswell et al, 2006), there is also said to be an increased shortening of the hands, from the distal phalanges to the metacarpals (Laurencikas, 2005).

Achondroplasia is a term used for a type of short limbed dwarfism, this term garnered its first use in 1878 (Parrot et al, 1878). Similarly to Turner’s syndrome, achondroplasia is caused by a genetic defect, this defect is well understood (Ozono, 1997). This genetic defect is known to cause a large but rare group of interesting conditions known as skeletal dysplasias (Papadatos and Bartocas, 1982). Several hundred forms of dysplasia have been described and classified (Hall, 2002). Achondroplasia is the most common of the skeletal dysplasias which are non-lethal (Waldron, 2005), however many dysplasias have a similar symptoms. In general, skeletal dysplasias have an incidence of approximately 10-24 of every 1’000’000 births, but almost a quarter of these births are still born, and another third are likely to die during the first year of their lives. Dysplasias are characterised by three skeletal traits: the abnormal shape or size of the skeleton; an irregular number of skeletal elements; and