IDENTIFICATION

DR MOUSAMI SINGH
ADDITIONAL PROFESSOR
FORENSIC MEDICINE AND
TOXICOLOGY
KGMU
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LEARNING OBJECTIVE

- Corpus Delicti

- Establishment of identity of living persons including race, Sex, religion, complexion, stature

- Age determination using morphology, teeth-eruption, decay, bitemarks, bones-ossification centres

- Medico-legal aspects of age
- Identification of criminals, unknown persons, dead bodies from the remains-hairs, fibers, teeth
- Anthropometry
- Dactylography
- Footprints
- Scars
- Tattoos
- Poroscopy and superimposition
CORPUS DELICTI

- Corpus – body
- Delicti – offence

- Body of offence
- Body of crime
- Foundation of crime
- Essence of crime
CORPUS DELICTI

THE BODY OF A CRIME
INTRODUCTION

- Absolute identification
- Partial identification
COMPLETE OR POSITIVE IDENTIFICATION

Identity of an individual is fixed beyond doubt.

Means identification of person living or dead is 100% correct.
For criminal prosecution, the identification must be absolute.
PARTIAL IDENTIFICATION

- Incomplete identification

- Identity of an individual can not be fixed with certainty

- Only some parameters like sex or height or age of the individual can be determined due to decomposition, mutilation or skeletonization of the body.
Sometime we provide partial identification to the police and police establishes the absolute identification.
NECESSITY OF IDENTIFICATION

- Decomposed bodies
- Badly burnt bodies
- Mutilated bodies in aircraft accidents, earthquakes, explosion
- If only a part of body is recovered like a limb
- Skeleton
- If only a bone or fragment of bone found
IN CIVIL CASES

1. Death benefits
2. Disputed sex
3. Inheritance
4. Collecting life insurance
5. Marriage
6. Missing persons
7. Passport
8. Workmen’s compensation
**IN CRIMINAL CASES**

1. Interchange of babies in hospitals
2. Impersonation
3. Person accused of criminal charges asserts he is some other individual
4. To establish corpus delicti
HUMANITARIAN


2. Dead persons has a right to be disposed of with the ceremonies of their own religion.
IDENTIFICATION DATA

- Race
- Religion
- Sex
- **Age**
- Stature
- Complexion
- Hair
- Moles/scar
IDENTIFICATION DATA

- Tattoos
- Anthropometry
- Dactylography
- Foot prints
- Lip prints
- Poroscopy and Superimposition
AGE ESTIMATION

- General examination
- Dentition
- Ossification of bones
## General Features

<table>
<thead>
<tr>
<th>Age</th>
<th>Boy Weight (Kg)</th>
<th>Boy Height (Cm)</th>
<th>Girl Weight (Kg)</th>
<th>Girl Height (Cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the time</td>
<td>3.3</td>
<td>50.5</td>
<td>3.2</td>
<td>49.9</td>
</tr>
<tr>
<td>of birth</td>
<td>6</td>
<td>61.1</td>
<td>5.4</td>
<td>60.2</td>
</tr>
<tr>
<td>3 months</td>
<td>7.8</td>
<td>67.8</td>
<td>6.2</td>
<td>66.6</td>
</tr>
<tr>
<td>6 months</td>
<td>9.2</td>
<td>72.3</td>
<td>8.6</td>
<td>71.1</td>
</tr>
<tr>
<td>9 months</td>
<td>10.2</td>
<td>76.1</td>
<td>9.5</td>
<td>75</td>
</tr>
<tr>
<td>1 year</td>
<td>12.3</td>
<td>85.6</td>
<td>11.8</td>
<td>84.5</td>
</tr>
<tr>
<td>2 year</td>
<td>14.6</td>
<td>94.9</td>
<td>14.1</td>
<td>93.9</td>
</tr>
<tr>
<td>3 year</td>
<td>16.7</td>
<td>102.9</td>
<td>16.0</td>
<td>101.6</td>
</tr>
<tr>
<td>4 year</td>
<td>18.7</td>
<td>109.9</td>
<td>17.7</td>
<td>108.4</td>
</tr>
<tr>
<td>5 year</td>
<td>20.7</td>
<td>116.1</td>
<td>19.5</td>
<td>114.6</td>
</tr>
<tr>
<td>6 year</td>
<td>22.9</td>
<td>121.7</td>
<td>21.8</td>
<td>120.6</td>
</tr>
<tr>
<td>7 year</td>
<td>25.3</td>
<td>127</td>
<td>24.8</td>
<td>126.4</td>
</tr>
<tr>
<td>8 year</td>
<td>28.1</td>
<td>132.2</td>
<td>28.5</td>
<td>132.2</td>
</tr>
<tr>
<td>9 year</td>
<td>31.4</td>
<td>137.5</td>
<td>32.5</td>
<td>138.3</td>
</tr>
<tr>
<td>10 year</td>
<td>32.2</td>
<td>140</td>
<td>33.7</td>
<td>142</td>
</tr>
<tr>
<td>11 year</td>
<td>37</td>
<td>147</td>
<td>38.7</td>
<td>148</td>
</tr>
</tbody>
</table>
TEETH

- Eruption and calcification of teeth and root resorption
- Aspartic acid racemization
- Tooth development stages
ERUPTION AND CALCIFICATION
TEMPORARY TEETH

- MILK TEETH
- DECIDUOUS TEETH
- PRIMARY TEETH
- 20
- 10 IN EACH JAW
- Four incisor
- 2 canine
- 4 molars
Primary Teeth

Upper Teeth
- Central Incisor
- Lateral Incisor
- Canine (Cuspid)
- First Molar
- Second Molar

Lower Teeth
- Second Molar
- First Molar
- Canine (Cuspid)
- Lateral Incisor
- Central Incisor
Premolars kahte hai ki hum permanent hi banenge hum pahle aayenge hi nahi.
TEMPORARY TEETH ERUPTION

<table>
<thead>
<tr>
<th>MEDIAL</th>
<th>I₁</th>
<th>I₂</th>
<th>C</th>
<th>M₁</th>
<th>M₂</th>
<th>LATERAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>8</td>
<td>10</td>
<td>18</td>
<td>14</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>18</td>
<td></td>
<td>14</td>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>

Arrow directions from MEDIAL to LATERAL:
- I₁ to I₂
- C to M₁
- M₂ to C
- M₁ to I₂
- I₁ to M₂
## Temporary Teeth Eruption

<table>
<thead>
<tr>
<th></th>
<th>I₁</th>
<th>I₂</th>
<th>C</th>
<th>M₁</th>
<th>M₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>M₁</td>
<td>6ₘ</td>
<td>12ₘ</td>
<td>18ₘ</td>
<td>14ₘ</td>
<td>24ₘ</td>
</tr>
<tr>
<td>L₁</td>
<td>8ₘ</td>
<td>10ₘ</td>
<td>18ₘ</td>
<td>14ₘ</td>
<td>24ₘ</td>
</tr>
</tbody>
</table>

**Legend:**
- **M₁:** Medial
- **L₁:** Lateral
CAUSES OF EARLY DENTITION

- Predeciduous teeth
- Natal teeth
- Neonatal teeth
- Congenital teeth/fetal teeth
- Precocious dentition
- Dentitia praecox
- Dens cannatalis
- Hyperpituitarism
- Hyperthyroidism
- Syphilis
<table>
<thead>
<tr>
<th>s.no.</th>
<th>Tooth</th>
<th>Eruption</th>
<th>Calcification begins</th>
<th>Calcification of root complete</th>
<th>Resorption of root begins</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>LOWER CI</td>
<td>6</td>
<td>14 wkIU</td>
<td>1.5 – 2 Y</td>
<td>4Y</td>
</tr>
<tr>
<td>2.</td>
<td>UPPER CI</td>
<td>8</td>
<td>14wkIU</td>
<td>1.5 – 2 Y</td>
<td>5Y</td>
</tr>
<tr>
<td>3.</td>
<td>UPPER LI</td>
<td>10</td>
<td>16wkIU</td>
<td>1.5 – 2 Y</td>
<td>5Y</td>
</tr>
<tr>
<td>4.</td>
<td>LOWER LI</td>
<td>12</td>
<td>16wkIU</td>
<td>1.5 – 2 Y</td>
<td>5Y</td>
</tr>
<tr>
<td>5.</td>
<td>1st Mo</td>
<td>14</td>
<td>15.5wkIU</td>
<td>2 -2.5 Y</td>
<td>6Y</td>
</tr>
<tr>
<td>6.</td>
<td>Can</td>
<td>18</td>
<td>17wkIU</td>
<td>2.5 – 3 Y</td>
<td>8Y</td>
</tr>
<tr>
<td>7.</td>
<td>2nd Mo</td>
<td>24-30</td>
<td>18-19wkIU</td>
<td>3Y</td>
<td>7Y</td>
</tr>
</tbody>
</table>
PERMANENT TEETH
6-11 years

During this period a child has both temporary and permanent teeth

In mixed dentition the no. of teeth are always 24
AGE OF MIXED DENTITION

Number of permanent teeth = (Age in years - 5) x 4
Successional teeth are those permanent teeth which replace some other teeth. Thus their eruption does not change the total number of teeth of the individual. Incisors, canine and premolars are successional teeth.
Successional teeth: Those permanent teeth that follow into a place in the arch once held by primary tooth

E.g. - Incisors, Canines, Premolars

Accessional teeth: Those permanent teeth that erupt posteriorly to the primary teeth

E.g. - Molars
Superadded teeth are those which are added to the existing set of teeth. They do not replace any teeth. Thus their eruption always increases the number of teeth. All molars are superadded teeth.
- Permanent incisors replace temporary incisor
- Permanent canine replace temporary canine canine
- Permanent premolars replace temporary molars
PERMANENT TEETH

- 32
- Dental formula

2123

2123

Dental Formula: Permanent Teeth

- A shorthand way of indicating the number and relative position of teeth

- Written as ratio of upper to lower teeth for the mouth

- Primary: 2I (incisors), 1C (canine), 2M (molars)

- Permanent: 2I, 1C, 2PM (premolars), 3M

<table>
<thead>
<tr>
<th>2I</th>
<th>1C</th>
<th>2PM</th>
<th>3M</th>
<th>X</th>
<th>2 (32 teeth)</th>
</tr>
</thead>
</table>
## Sequence of Eruption of Permanent Teeth

<table>
<thead>
<tr>
<th>Mama (6 years)</th>
<th>Molar 1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>Papa (10 years)</th>
<th>Premolar 2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (7 years)</td>
<td>Incisor 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Can (11 years)</td>
<td>Canine</td>
</tr>
<tr>
<td>In (8 years)</td>
<td>Incisor 2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Make (12 years)</td>
<td>Molar 2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pain (9 years)</td>
<td>Premolar 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Medicine (18-25 years)</td>
<td>Molar 3&lt;sup&gt;rd&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
## Eruption of Permanent Teeth

<table>
<thead>
<tr>
<th>I1</th>
<th>I2</th>
<th>C</th>
<th>PM1</th>
<th>PM2</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>6</td>
<td>12</td>
<td>18</td>
</tr>
</tbody>
</table>
## Eruption of Permanent Teeth

<table>
<thead>
<tr>
<th></th>
<th>I1</th>
<th>I2</th>
<th>C</th>
<th>PM1</th>
<th>PM2</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7y</td>
<td>8y</td>
<td>11y</td>
<td>9y</td>
<td>10y</td>
<td>6y</td>
<td>12y</td>
<td>18y</td>
</tr>
</tbody>
</table>
# Ages of Calcification and Eruption of Permanent Teeth

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Tooth</th>
<th>Calcification begins</th>
<th>Eruption of tooth complete</th>
<th>Calcification of tooth complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Molar</td>
<td>At birth</td>
<td>6y</td>
<td>9y</td>
</tr>
<tr>
<td>2.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; (central) incisor</td>
<td>4m</td>
<td>7y</td>
<td>10y</td>
</tr>
<tr>
<td>3.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; (lateral) incisor</td>
<td>1y</td>
<td>8y</td>
<td>11y</td>
</tr>
<tr>
<td>4.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; premolar</td>
<td>11/2 y</td>
<td>9y</td>
<td>12y</td>
</tr>
<tr>
<td>5.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; premolar</td>
<td>2y</td>
<td>10y</td>
<td>13y</td>
</tr>
<tr>
<td>6.</td>
<td>Canine</td>
<td>4m</td>
<td>11y</td>
<td>13y</td>
</tr>
<tr>
<td>7.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; molar</td>
<td>21/2 -3y</td>
<td>12y</td>
<td>15y</td>
</tr>
<tr>
<td>8.</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; molar</td>
<td>8-10y</td>
<td>18-25y</td>
<td>18-25y</td>
</tr>
</tbody>
</table>
CAUSES OF DELAYED DENTITION

- Supernumerary teeth
- Anemia
- Celiac disease
- Chromosomal or genetic disorders like down syndrome
- Heavy metal intoxication
- Phenytoin
- Endocrine disorders like hypothyroidism, hypopituitarism, hypoparathyroidism, Pseudo hypoparathyroidism
- HIV infection
- Radiotherapy
- Vitamin D resistant rickets
HUCHINSON’S TEETH

SUPERNUMERARY TEETH
FOURNIER TEETH
SPACING OF JAW
### Differences Between Temporary and Permanent Teeth

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>size</td>
<td>smaller</td>
<td>Heavier</td>
</tr>
<tr>
<td>Lighter</td>
<td></td>
<td>Stronger</td>
</tr>
<tr>
<td>narrower</td>
<td></td>
<td>broader</td>
</tr>
</tbody>
</table>

*Exception* is temporary molars are however larger than the permanent premolars who replace them.
## Differences Between Temporary and Permanent Teeth

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction of anterior teeth</td>
<td>Vertical</td>
<td>Usually inclined a little forward</td>
</tr>
<tr>
<td>Color</td>
<td>China white</td>
<td>Ivory white</td>
</tr>
<tr>
<td>Rate of attrition</td>
<td>Shows quick attrition because of less mineralization</td>
<td>less</td>
</tr>
</tbody>
</table>
# Differences Between Temporary and Permanent Teeth

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enamel</td>
<td>Thinner</td>
<td>Thicker</td>
</tr>
<tr>
<td></td>
<td>More constant in thickness</td>
<td>Less constant in thickness</td>
</tr>
<tr>
<td></td>
<td>Bulges out close to the cervical line</td>
<td>Shows gradual tapering close to the cervical line</td>
</tr>
<tr>
<td>Neck Crown and root junction</td>
<td>More constricted</td>
<td>Less constricted</td>
</tr>
</tbody>
</table>
# Differences Between Temporary and Permanent Teeth

## Crown of Anterior Teeth

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary Teeth</th>
<th>Permanent Teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labial surfaces</td>
<td>Smoother</td>
<td>Show depressions or perikymata</td>
</tr>
<tr>
<td>Incisal edges</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Differences of the Crown**

- Mammelons absent
- Mammelons are present on newly erupted teeth
## Differences Between Temporary and Permanent Teeth

### Crowns of posterior teeth

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molars</td>
<td>Buccal and lingual surfaces are flatter</td>
<td>Less flat</td>
</tr>
</tbody>
</table>

![Diagram of teeth](Animated-Teeth.com)
# Differences between Temporary and Permanent Teeth

## Roots

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roots of molars</td>
<td>Smaller and more divergent</td>
<td>Larger and less divergent</td>
</tr>
</tbody>
</table>

![Diagram of primary and permanent teeth](image-url)
## Differences Between Temporary and Permanent Teeth

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>X ray</td>
<td>Presence of tooth germ beneath the tooth, if seen in x ray will suggest that tooth is temporary</td>
<td>No such thing is visible in x ray in case of permanent teeth</td>
</tr>
</tbody>
</table>
X RAY

- DENTAL PANORAMIC TOMOGRAPH
- ORTHOPANTOGRAM
17 - 25 YEARS WITH THE HELP OF TOOTH ERUPTION AND CALCIFICATION

THEN > 25 YEARS ?????

PHYSIOLOGICAL AGE CHANGES IN DENTAL TISSUE
GUSTAFSON’S METHOD
1. Attrition
2. Periodontosis
3. Secondary dentin
4. Cementum apposition
5. Root resorption
6. Transparency of root
- **Stage 0**: no change in dental tissue
- **Stage 1**: beginning of change
- **Stage 2**: obvious change
- **Stage 3**: maximum change
Attribution

- Destruction of occlusal surface of teeth due to wear and tear because of mastication
- It first involve the enamel, then dentin at last pulp at old ages
ATTRITION-A

- A0 no attrition
- A1 enamel
- A2 dentin
- A3 dental pulp
PERIODONTOSIS

- Regression of gums and periodontal tissues surrounding teeth

- Gradually exposing neck and adjacent parts of roots due to which teeth becomes loosen and fall off
PERIODONTOSIS-P

- Po  no periodontosis
- P1  just begun
- P2  1\textsuperscript{st} 1/3\textsuperscript{rd} of the root
- P3  crossed 2/3\textsuperscript{rd} of root
SECONDARY DENTIN

- Enamel
- Mantle dentin
- Circumpulpal dentin
- Tertiary (irregular secondary) dentin
- Regular secondary dentin
SECONDARY DENTIN-S

- S0 not formed
- S1 just begun in upper part of pulp
- S2 half pulp cavity is filled
- S3 pulp cavity is nearly filled by it
**CEMENTUM APPPOSITION**

- Can be seen on histological section
- Incremental lines
- The age can be calculated by counting the number of lines from the neonatal line onwards.
- This is mainly applicable to infants.

CEMENTUM is defined as calcified avascular mesenchymal tissue that forms the outer covering of root.

The cementum is the part of the periodontium that attaches the teeth to the alveolar bone by anchoring the periodontal ligament.
Cementum-C

- C0 normal layer of cementum
- C1 little more thicker layer of it
- C2 more thick
- C3 very thick layer
ROOT RESORPTION

- Absorption of root starts first at the apex and extend upward.
- Usually occurs in the late ages
ROOT RESORPTION - R

- R0  nothing
- R1 resorption on isolated spots
- R2 greater loss of substance
- R3 greater areas of cementum and dentin
TRANSPARENCY OF ROOT

- Most reliable of all criteria
- Not seen till 30 years of age
- Occurs from below upwards in lower jaw and from above downwards in upper jaw
ROOT TRANSPARENCY-T

- T0 nothing
- T1 just started
- T2 apical 1/3\textsuperscript{rd} of root
- T3 apical 2/3\textsuperscript{rd} of root
- That gives an approximate age of the person
- The error is +- 4 to 7 years
- The limit of error increases above 50 years of age
Boyde’s method
Count incremental lines from neonatal lines onwards

Stack’s method
Age of infant can be determined from weight and height of erupting teeth
FORENSIC ODONTOLOGY

- Deals with the science of dentistry to aid in administration of justice
AGE OF FOETUS

- **Embryo** – 2\textsuperscript{st} week of gestation upto 3\textsuperscript{rd} month of gestation

- **Foetus** - from 3\textsuperscript{rd} month of gestation upto full term, until delivery

- **Infant**- from birth upto 1 year of age
GESTATIONAL AGE DETERMINATION

- Foot length
- Ossification centres
<table>
<thead>
<tr>
<th></th>
<th>1&lt;sup&gt;st&lt;/sup&gt; month</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; month</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; month</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; month</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; month</th>
<th>6&lt;sup&gt;th&lt;/sup&gt; month</th>
<th>7&lt;sup&gt;th&lt;/sup&gt; month</th>
<th>8&lt;sup&gt;th&lt;/sup&gt; month</th>
<th>9&lt;sup&gt;th&lt;/sup&gt; month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length</strong></td>
<td>1 cm</td>
<td>4 cm</td>
<td>9 cm</td>
<td>16 cm</td>
<td>25 cm</td>
<td>30 cm</td>
<td>35 cm</td>
<td>40 cm</td>
<td>45 cm</td>
</tr>
<tr>
<td><strong>Eyes</strong></td>
<td></td>
<td></td>
<td><strong>Pupillary membrane appears</strong></td>
<td></td>
<td><strong>Eyebrows and eyelashes</strong></td>
<td></td>
<td><strong>Eyes open Pupillary membrane disappears</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mouth</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>Nails</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>appear</strong></td>
<td></td>
<td><strong>Distinct and soft</strong></td>
<td><strong>thick</strong></td>
<td><strong>tips of fingers</strong></td>
</tr>
<tr>
<td><strong>Hands &amp; feet</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>webbed</strong></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td><strong>Sex recognized</strong></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td><strong>Lanugo hairs</strong></td>
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<tr>
<td></td>
<td><strong>Meconium found in duodenum</strong></td>
<td></td>
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<tr>
<td><strong>Ossification centres</strong></td>
<td><strong>Clavicle</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>Middle seg of sacrum calcaneum</strong></td>
<td></td>
<td></td>
<td><strong>Talus</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Maxilla</strong></td>
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<tr>
<td></td>
<td><strong>Mandible</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>Upper seg of sacrum</strong></td>
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<tr>
<td></td>
<td><strong>Left testes in scrotum</strong></td>
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<tr>
<td></td>
<td><strong>Meconium at the end of large intestine</strong></td>
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<tr>
<td></td>
<td><strong>Both testes in external inguinal ring</strong></td>
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<tr>
<td></td>
<td><strong>Lower seg of sacrum</strong></td>
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<tr>
<td></td>
<td><strong>Lower end of femur</strong></td>
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</tbody>
</table>
In 1\textsuperscript{st} five months of pregnancy

\[
\text{Age of foetus in months} = \sqrt{\text{Length of the foetus in cm}}
\]

During last 5 months

\[
\text{Age of foetus in month} = \frac{\text{length in cm}}{5}
\]