

lateral epicondyle, and separates the antero-lateral from the posterior surface. Its upper half is rounded and indistinctly marked, serving for the attachment of the lower part of the insertion of the *Teres minor*, and below this giving origin to the lateral head of the *Triceps brachii*; its center is traversed by a broad but shallow oblique depression, the **radial sulcus** (*musculospiral groove*). Its lower part forms a prominent, rough margin, a little curved from behind forward, the **lateral supracondylar ridge**, which presents an anterior lip for the origin of the *Brachioradialis* above, and *Extensor carpi radialis longus* below, a posterior lip for the *Triceps brachii*, and an intermediate ridge for the attachment of the lateral intermuscular septum.

The **medial border** extends from the lesser tubercle to the medial epicondyle. Its upper third consists of a prominent ridge, the **crest of the lesser tubercle**, which gives insertion to the tendon of the *Teres major*. About its center is a slight impression for the insertion of the *Coracobrachialis*, and just below this is the entrance of the nutrient canal, directed downward; sometimes there is a second nutrient canal at the commencement of the radial sulcus. The inferior third of this border is raised into a slight ridge, the **medial supracondylar ridge**, which becomes very prominent below; it presents an anterior lip for the origins of the *Brachialis* and *Pronator teres*, a posterior lip for the medial head of the *Triceps brachii*, and an intermediate ridge for the attachment of the medial intermuscular septum.

Surfaces.—The **antero-lateral surface** is directed lateralward above, where it is smooth, rounded, and covered by the *Deltoideus*; forward and lateralward below, where it is slightly concave from above downward, and gives origin to part of the *Brachialis*. About the middle of this surface is a rough, triangular elevation, the **deltoid tuberosity** for the insertion of the *Deltoideus*; below this is the **radial sulcus**, directed obliquely from behind, forward, and downward, and transmitting the radial nerve and profunda artery.

The **antero-medial surface**, less extensive than the antero-lateral, is directed medialward above, forward and medialward below; its upper part is narrow, and forms the floor of the intertubercular groove which gives insertion to the tendon of the *Latissimus dorsi*; its middle part is slightly rough for the attachment of some of

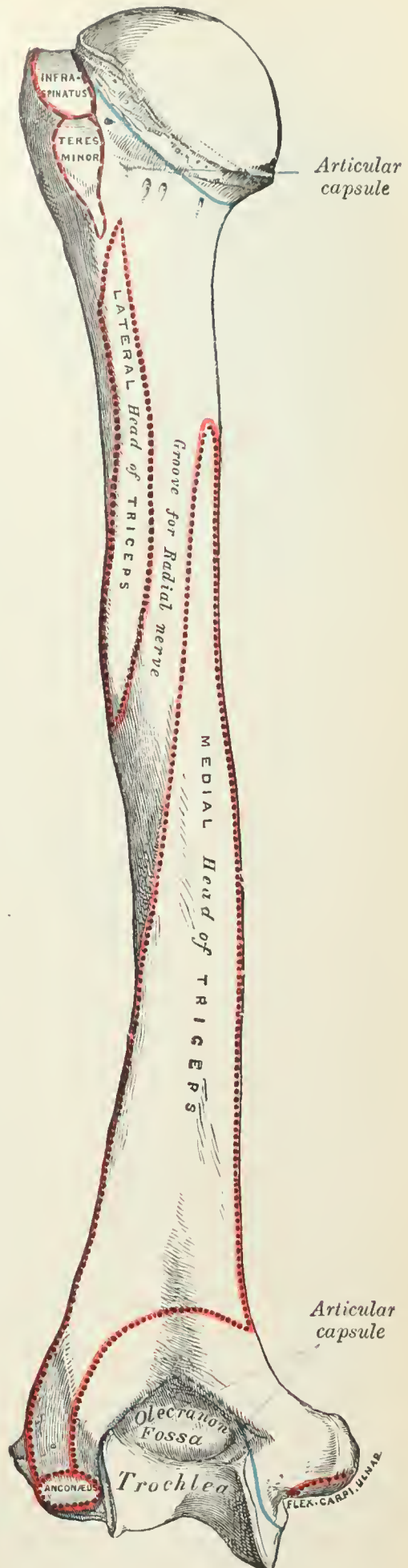


FIG. 208.—Left humerus. Posterior view.