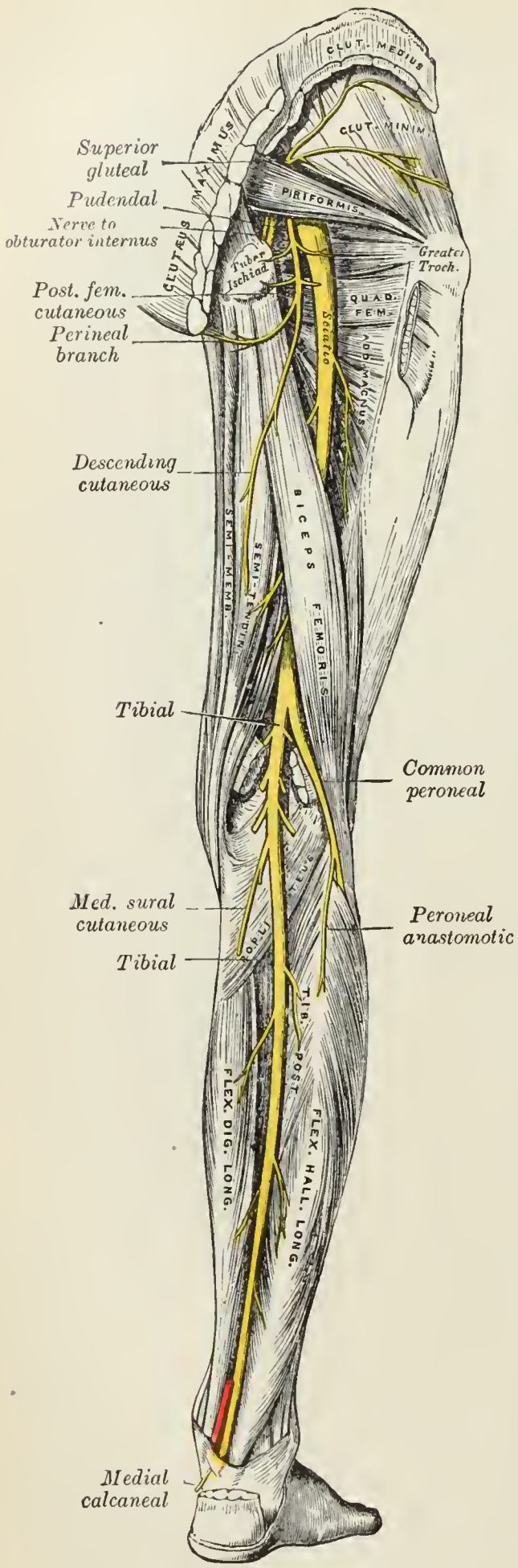


Fig. 832.—Nerves of the right lower extremity Posterior view.

opposite the knee-joint, it is in close relation with these vessels, and crosses to the medial side of the artery. In the leg it is covered in the upper part of its course by the muscles of the calf; lower down by the skin, the superficial and deep fasciæ. It is placed on the deep muscles, and lies at first to the medial side of the posterior tibial artery, but soon crosses that vessel and descends on its lateral side as far as the ankle. In the lower third of the leg it runs parallel with the medial margin of the tendo calcaneus.

The **branches** of this nerve are: **articular, muscular, medial sural cutaneous, medial calcaneal, medial** and **lateral plantar.**

**Articular branches** (*rami articulares*), usually three in number, supply the knee-joint; two of these accompany the superior and inferior medial genicular arteries; and a third, the middle genicular artery. Just above the bifurcation of the nerve an articular branch is given off to the ankle-joint.

**Muscular branches** (*rami musculares*), four or five in number, *arise* from the nerve as it lies between the two heads of the Gastrocnemius muscle; they supply that muscle, and the Plantaris, Soleus, and Popliteus. The branch for the Popliteus turns around the lower border and is distributed to the deep surface of the muscle. Lower down, muscular branches *arise* separately or by a common trunk and supply the Soleus, Tibialis posterior, Flexor digitorum longus, and Flexor hallucis longus; the branch to the last muscle accompanies the peroneal artery; that to the Soleus enters the deep surface of the muscle.

The **medial sural cutaneous nerve** (*n. cutaneus suræ medialis; n. communicans tibialis*) descends between the two heads of the Gastrocnemius, and, about the middle of the back of the leg, pierces the deep fascia, and unites with the anastomotic ramus of the common peroneal to form the sural nerve (Fig. 830).

[1] N. B.—In this diagram the medial sura cutaneous and peroneal anastomotic are not in their normal position. They have been displaced by the removal of the superficial muscles.