

the pelvis through the greater sciatic foramen below the Piriformis. It then descends beneath the Glutæus maximus with the inferior gluteal artery, and runs down the back of the thigh beneath the fascia lata, and over the long head of the Biceps femoris to the back of the knee; here it pierces the deep fascia and accompanies the small saphenous vein to about the middle of the back of the leg, its terminal twigs communicating with the sural nerve.

Its branches are all cutaneous, and are distributed to the gluteal region, the perineum, and the back of the thigh and leg.

The **gluteal branches** (*nn. clunium inferiores*), three or four in number, turn upward around the lower border of the Glutæus maximus, and supply the skin covering the lower and lateral part of that muscle.

The **perineal branches** (*rami perineales*) are distributed to the skin at the upper and medial side of the thigh. One long perineal branch, **inferior pudendal** (*long scrotal nerve*), curves forward below and in front of the ischial tuberosity, pierces the fascia lata, and runs forward beneath the superficial fascia of the perineum to the skin of the scrotum in the male, and of the labium majus in the female. It communicates with the inferior hemorrhoidal and posterior scrotal nerves.

The **branches to the back of the thigh and leg** consist of numerous filaments derived from both sides of the nerve, and distributed to the skin covering the back and medial side of the thigh, the popliteal fossa, and the upper part of the back of the leg (Fig. 830).

The **Sciatic** (*n. ischiadicus; great sciatic nerve*) (Fig. 832) supplies nearly the whole of the skin of the leg, the muscles of the back of the thigh, and those of the leg and foot. It is the largest nerve in the body, measuring 2 cm. in breadth, and is the continuation of the flattened band of the sacral plexus. It passes out of the pelvis through the greater sciatic foramen, below the Piriformis muscle. It descends between the greater trochanter of the femur and the tuberosity of the ischium, and along the back of the thigh to about its lower third, where it divides into two large branches, the tibial and common peroneal nerves. This division may take place at any point between the sacral plexus and the lower third of the thigh. When it occurs at the plexus, the common peroneal nerve usually pierces the Piriformis.

In the upper part of its course the nerve rests upon the posterior surface of the ischium, the nerve to the Quadratus femoris, the Obturator internus and Gemelli, and the Quadratus femoris; it is accompanied by the posterior femoral cutaneous nerve and the inferior gluteal artery, and is covered by the Glutæus maximus. Lower down, it lies upon the Adductor magnus, and is crossed obliquely by the long head of the Biceps femoris.

The nerve gives off articular and muscular branches.

The **articular branches** (*rami articulares*) arise from the upper part of the nerve and supply the hip-joint, perforating the posterior part of its capsule; they are sometimes derived from the sacral plexus.

The **muscular branches** (*rami musculares*) are distributed to the Biceps femoris, Semitendinosus, Semimembranosus, and Adductor magnus. The nerve to the short head of the Biceps femoris comes from the common peroneal part of the sciatic, while the other muscular branches arise from the tibial portion, as may be seen in those cases where there is a high division of the sciatic nerve.

The **Tibial Nerve** (*n. tibialis; internal popliteal nerve*) (Fig. 832) the larger of the two terminal branches of the sciatic, arises from the anterior branches of the fourth and fifth lumbar and first, second, and third sacral nerves. It descends along the back of the thigh and through the middle of the popliteal fossa, to the lower part of the Popliteus muscle, where it passes with the popliteal artery beneath the arch of the Soleus. It then runs along the back of the leg with the posterior tibial vessels to the interval between the medial malleolus and the heel, where it divides beneath the lacinate ligament into the medial and lateral plantar nerves.