

remaining part of the posterior surface is smooth and covered by the *Tibialis posterior*, *Flexor digitorum longus*, and *Flexor hallucis longus*. Immediately below the popliteal line is the **nutrient foramen**, which is large and directed obliquely downward.

The Lower Extremity (*distal extremity*).—The lower extremity, much smaller than the upper, presents five surfaces; it is prolonged downward on its medial side as a strong process, the **medial malleolus**.

Surfaces.—The **inferior articular surface** is quadrilateral, and smooth for articulation with the talus. It is concave from before backward, broader in front than behind, and traversed from before backward by a slight elevation, separating two depressions. It is continuous with that on the medial malleolus.



FIG. 260.—Plan of ossification of the tibia. From three centers.

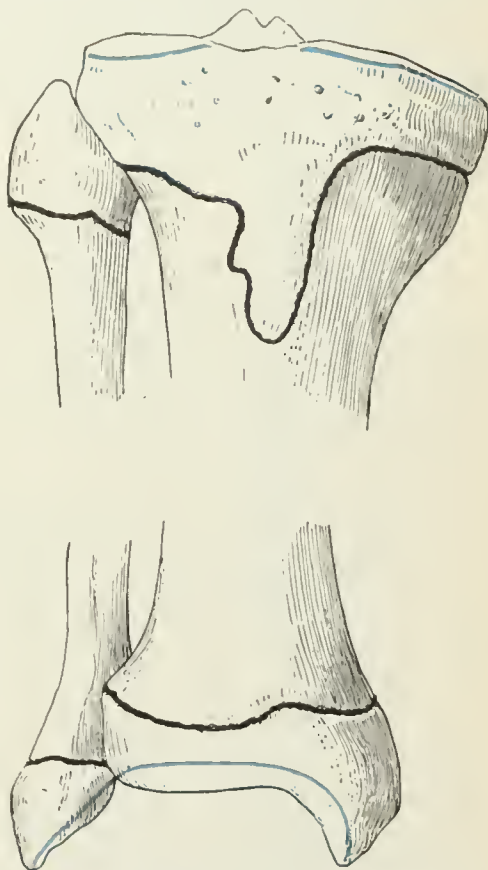


FIG. 261.—Epiphysial lines of tibia and fibula in a young adult. Anterior aspect.

The **anterior surface** of the lower extremity is smooth and rounded above, and covered by the tendons of the *Extensor* muscles; its lower margin presents a rough transverse depression for the attachment of the articular capsule of the ankle-joint.

The **posterior surface** is traversed by a shallow groove directed obliquely downward and medialward, continuous with a similar groove on the posterior surface of the talus and serving for the passage of the tendon of the *Flexor hallucis longus*.

The **lateral surface** presents a triangular rough depression for the attachment of the inferior interosseous ligament connecting it with the fibula; the lower part of this depression is smooth, covered with cartilage in the fresh state, and articulates with the fibula. The surface is bounded by two prominent borders, continuous above with the interosseous crest; they afford attachment to the anterior and posterior ligaments of the lateral malleolus.

The **medial surface** is prolonged downward to form a strong pyramidal process, flattened from without inward—the **medial malleolus**. The *medial surface* of this process is convex and subcutaneous; its *lateral* or *articular surface* is smooth and slightly concave, and articulates with the talus; its *anterior border* is rough, for