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J.-J. Forst and Lasègue's sign

Sciatica has been recognised since Greek and Roman times, but only since the paper of Mixter and Barr¹ has its commonest cause been recognised as a prolapsed lumbar disk.

Ernest Charles Lasègue (1816–83), impecunious student friend of Claude Bernard, favourite pupil of Trousseau, won his agrégation (about GPI) in 1853. Physician to the Salpêtrière he was “forever after malingerers”. The notion of uncovering malingerers who simulated sciatica, took root when he watched his son in law Cesbron tuning his violin: “is not the string stretched over the bridge like the sciatic nerve which is made taut on the ischium when the lower extremity is elevated?”

Dr J.-J. Forst's doctoral thesis of 1881² described the sign that his teacher Lasègue had observed but never published. There is however a contemporary description by a Serbian physician, Laza Lazarevic in 1880³ of “Ischias postica contunnii” with restricted straight leg raising. It may be coincidental that Kernig's sign which is often confused with it, was described in 1884⁴.

Forst described his master's test in two stages:

“the patient is placed on the bed in the supine position, and we take the foot of the affected limb in one hand . . . holding the leg in extension, we flex the thigh on the pelvis. Raising the limb only a few centimetres produces a sharp pain at the level of the sciatic notch. . . We replace the limb and proceed to another manoeuvre which is only a confirmatory test. . . If we now flex the leg on the thigh, we can flex the thigh on the pelvis without producing any painful sensation.” Forst stressed the precautions of flexing the thigh slowly and sliding the heel on the bed and securing cooperation to relax the limb completely.

“What is happening? . . . the sensation of pulling is very probably due to compression of the sciatic nerve by muscular contraction. On the other hand, if we flex the leg on the thigh, we paralyse the extensors of the thigh on the pelvis . . . there is greater ease in raising the limb with less compression of the sciatic nerve. . . . We consider this sign to be pathognomonic of sciatica, for we have not found it in any other affection of that region.”

In 1884, De Beurmann espoused the current explanation: that the sign is due to stretching of the sciatic nerve itself rather than sciatic compression by the muscle mass.

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