The fictional ITV drama *Downton Abbey*, first aired in 2010, offers a glimpse of what obstetric care was like in 1920. In Season 3, a much admired character, Lady Sybil Branson (Crawley), is in early labour at home, attended by Richard Clarkson, a local GP, and Philip Tapsell, a knighted obstetrician. Dr Clarkson diagnoses pre-eclampsia based on ankle oedema, proteinuria, an undersized foetus, and confusion. He insists that Sybil should be taken immediately to hospital for caesarean section. Sir Philip disagrees and recommends home birth. Sybil’s father, Lord Robert Crawley, sides with the esteemed obstetrician.

Lady Sybil finally gives birth vaginally. The joy, however, is short-lived as she soon develops a decerebrate posture and dies. Robert’s wife Cora blames Robert. Soon develops a decerebrate posture and dies. Robert’s wife Cora blames Robert. To help the couple reconcile, Dr Clarkson rightly suggests that the condition was such that hospitalisation would not have saved her. How right, or wrong, is either doctor?

**SIR PHILIP’S RECOMMENDATION**

In the late 19th century, mortality from toxaemia was 20–30%. Then, in 1900, Stroganov presented his experience with 92 eclamptic patients with five deaths. Sir Philip’s decision.

**DR CLARKSON’S RECOMMENDATION**

Dr Clarkson rightly suggests that the treatment for pre-eclampsia is prompt caesarean. As Stroganov had written, most eclamptic convulsions stopped after delivery. At the dawn of the 20th century, maternal mortality from eclampsia was 20–30%; much worse than 8.1% for caesarean. Although not mentioned, assisted vaginal delivery, including the use of forceps in a proper delivery suite, may be all that was required.

**SYBIL’S TERMINAL EVENT**

Sybil’s final decerebrate posturing is most likely brain herniation from a stroke. Although external chest compression had already been described before 1920, the standardisation of cardiopulmonary resuscitation did not arrive until decades later.

**CONCLUSION**

The weight of evidence suggests that Sybil is better off hospitalised. Sir Philip wrongly claims that toxaemia is rare. In his defence, though, his mismanagement is probably not all attributable to an inflated ego. Both doctors forget to use a sphygmomanometer [already available a decade earlier]. As for

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Dr Clarkson, the family’s long-time trusted physician and friend, his argument that Sybil’s chance of survival at the hospital is ‘infinitesimal’ helps the family heal but contradicts his own earlier professional opinion, and may undermine trust with the family in the long run along with the lesson that needs to be learned by Sybil’s sisters, who themselves will be at higher risk of developing toxoaemia of pregnancy.

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