



The ileostomy & internal pouch

**Support Group**

Registered Charity

## **A 50th Anniversary**

### **David Eades**

Through the summer most people in the country enjoyed the celebrations to mark the Golden Jubilee of Her Majesty the Queen's accession to the throne in 1952. But if, like me, you have an ileostomy, there was the 50th anniversary of an event which has had a far greater impact on you personally. For it was in 1952 that Professor Bryan Brooke first reported on the new procedure (the eversion stoma) which he had developed for constructing an ileostomy.

In these days of modern appliances and accessories, it is impossible to imagine what life must have been like with a stoma which was flush to the skin. I have taken a few words from Doreen Harris' description of her experiences :

"I had my ileostomy in 1947 and was one of only four or five people in the world who had the surgery. Very little was known about the effect of it on the body and certainly no one knew how to deal with it. In those days, surgeons refused to operate because appliances were useless. We were allowed to perforate and I had holes all over my abdomen through which there was a constant flow of faeces.

I lay for five months in hospital, in bandages. When I drank my first cup of tea in the morning, everything poured out at the bottom. As you might imagine, the skin on my stomach was unbearable. All we had for protection was a tin of zinc and castor oil which we ladled on liberally with a spatula before putting on the bandages."

From 1947 to 1963, Bryan Brooke was Reader in Surgery at Birmingham University and he worked at both the General Hospital and the Queen Elizabeth Hospital. When he delivered the Bryan Brooke Lecture at National Council in 1991, Professor John Lennard-Jones said,

"It is interesting that, if one goes back to (Bryan's) original paper in 1952, it was not headed '*A new method for making ileostomies*'. It was about the care and complications of ileostomies and, almost as an aside, one finds in the text a description of turning the end of the ileum inside out and suturing the mucosa to the skin. It seems so simple now, and obvious, but at the time it was a brilliant innovation. It was that innovation, combined with the new appliances that became available at about the same time, which made it possible for people to live at peace with a stoma."

Our president, Professor Norman Williams said,

"Bryan Brooke was one of the most innovative gastrointestinal surgeons of his generation and he revolutionised the surgical treatment of ulcerative colitis. Until he introduced the Brooke ileostomy, surgery for ulcerative colitis was a much-feared treatment not only for patients and their families but also for the medical staff treating them."

There are thousands, nay hundreds of thousands, of people world-wide whose quality of life has been enhanced through Bryan's work. This contribution commemorates his 1952 report.

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