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The Leech Airway: A Flute for Your “Champagne”?



In 1937, Canadian anesthesiologist Beverley Leech, M.D. (1898 to 1960), patented an early precursor to the laryngeal mask airway (LMA, *lower left*). His “pharyngeal bulb gasway,” also called the Leech airway, featured a soft, detachable rubber bulb around a tough metal core (*upper left*). Leech’s love for cyclopropane (*right*), dubbed the “champagne” of volatile anesthetics, inspired the airway’s design. Although rapid and smooth in onset, cyclopropane was expensive and explosive, mandating closed-circuit delivery. However, leak-free ventilation was challenging to achieve, as endotracheal intubation had yet to become routine. Laryngoscopes and tubes were still being refined, and prolonged laryngospasm easily occurred pre-curare. To avoid the risk of intubation, Leech envisioned a supraglottic airway that would optimize cyclopropane delivery through a closed circuit. For more than a year, he painstakingly examined the wax casts of cadaver throats to design a malleable bulb that conformed to the average adult pharynx. Once manufactured, the Leech airway gained favor. Its bulb, lubricated with Vaseline, could be advanced gently into the oropharynx of a mask-induced patient. However, when succinylcholine arrived in 1952, wondrously facilitating tracheal intubation, the Leech airway became obsolete. (Copyright © the American Society of Anesthesiologists’ Wood Library-Museum of Anesthesiology. www.woodlibrarymuseum.org)

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