
More on self-mutilative behavior in horses

Concerning the self-mutilation case report of McClure et al (*JAVMA*, June 15, 1992, pp 1975-1977), the subsequent letter from Ms. Jo Anne Normile (*JAVMA* Oct 15, 1992, p 1138), and the response of McClure and Chaffin to Ms. Normile's letter (*JAVMA*, Jan 15, 1993, pp 179-180), I would like to add some comments and observations to this important discussion.

Since 1986, self-mutilation in horses has been an academic side-interest of our reproductive behavior clinic at New Bolton Center. In evaluating self-mutilation cases, I have often felt, as Ms. Normile expressed in her letter, that the literature includes broad statements based on limited clinical impressions of a few cases. My case files from 1986 to 1992 include 31 cases involving self-mutilating horses for which I have reasonably complete histories. All but 6 of those 31 cases differ substantially from the McClure et al "classic" mature, heavily fed

stallion, with limited exercise. The atypical cases included five geldings, two foals, three immature yearlings, and one mare, as well as horses in heavy work, horses kept at pasture with run-in sheds, horses at pasture with a herd, and horses on hay or grass only at the time the self-mutilating behavior emerged. In contrast to the experience of McClure et al, we have encountered self-mutilating horses that stopped self-mutilating only when brought from pasture and confined in a stall, where they were socially isolated, fed concentrates, and permitted limited exercise. One horse was most content and free of self-mutilation when cross-tied in a stall away from any other animals; in a larger stall or at pasture, its self-mutilation was life-threatening. Among the 31 cases are numerous ones in which all sorts of management changes, and even castration, did not reduce self-mutilation to a safe or acceptable degree. I view 81% atypical cases in my files as significant, especially in light of the fact that our clinic's focus on breeding stallions heavily biases our population toward McClure and Chaffin's "classic conditions."

In response to Ms. Normile's question about definitive evidence supporting their classic conditions, McClure and Chaffin reiterated the references for their statements. The important point is

that the particular references cited in the original case report are themselves not based on substantive data. References one and two do not specifically mention self-mutilation; they are about other more common behavioral problems. References six and seven indicate that stereotypies, in general, may be exacerbated by diet or confinement, but make no specific mention of the effect of exercise or diet on "self-biting." Rather, the authors of references six and seven specifically attribute self-mutilation to cutaneous irritation, and go to great lengths to carefully portray the complexities of stereotypies. In their response letter, McClure and Chaffin state their cited references "apply." By this, I take it that they have assumed that what applies to other stereotypies must apply to self-mutilation because self-mutilation is categorized as a stereotypy. But this would be true only if self-mutilation had been proven to have an etiologic basis similar to that of the other stereotypies listed in these references. Not only has this not been proven, anecdotal information suggests that the opposite may be true.

McClure and Chaffin point out in their response that "improvements in the understanding . . . of this disorder will require further study." Later, they say, "Apparently the stereotypy in Ms. Normile's gelding was different from the clas-

sic conditions described in the literature. We do not expect all cases to be 'textbook.' By including terms such as "classic" and "textbook," the authors give the impression that, in contradiction to their earlier comments, they feel the very limited cases published were, after all, sufficiently substantial to establish a model. In this regard, I am reminded of the old literature on spontaneous erection and masturbation in stallions that, because it was based on the limited facts available at the time, promoted the erroneous assumption that these were aberrant behaviors.

The treatment that was effective for McClure et al is important in that it provides one approach to handling this problem. Its partial effectiveness in many cases may be attributable to elimination of exacerbating factors. It does not prove that confinement, social isolation, and diet are, in fact, the underlying causes of the condition. Similarly, though most self-mutilators are males, many are not stallions or are not mature at the onset of self-mutilation, as was the case with Ms. Normile's 1 1-month-old gelding.

Let us all hope that research under way at several veterinary schools, which addresses a variety of factors, will soon lead to a better understanding of self-mutilation and other stereotypies.

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