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Oh Me, Oh Myectomy

By Cot Campbell

Clearly, God was in a whimsical mood when He designed the bodily structure of the Thoroughbred racehorse. He put half a ton of obstreperous muscle mass on relatively frail legs, more suited to supporting a German Police Dog. He also did some strange things with the foot, the breathing apparatus, and digestive system of the horse.

Complicated though these may be, they all used to work a hell of a lot better than they do today. The hardiness of the Thoroughbred horse deteriorates more each year, with no relief in sight.

Various equine maladies and malfunctions continue unabated. Through the years they have spawned some veterinary "cures" that have become short-lived, mostly ineffective fads.

Foremost among these is the beloved myectomy! It is the cure currently in vogue. This surgical procedure is designed to alter the problem of the epiglottis being entrapped by the soft palate, and thus shutting off the air intake of the horse when in full drive. Sometimes the myectomy does work, but I believe that the results are often not rewarding, because breathing wasn't the problem to begin with.

According to the Consignors and Commercial Breeders Association, "Recent research studies on the evaluation of yearling throats have shown that more than 98 percent of the yearlings had no throat problems that significantly impacted their racing careers and earning ability at the track."

If this is true, why do so many horses require myectomies? I fear that when racing success has not been achieved, there is a tendency on the part of the trainer, and his veterinarian, to follow the practice of "when you don't know what else to do, do a myectomy."

Everybody and his dog is today enamored of doing myectomies. Often, when a horse runs below par, the jockey (seeking a viable excuse) dismounts and murmurs that "he shut down when I asked him." The trainer embraces the solution of the myectomy ("Can't hurt anything!"). The vet is ready, of course. The owner, who will pay for it, often does not understand the problem and has no grounds for arguing against it.

I'll bet we've done 25 of them in the last three years, and I recall only a few clearly defined examples of this procedure resulting in the improvement of the horse's performance.

The myectomy fad was popularized by a claiming owner of several years back. This was the fearsome Michael Gill, who claimed so many horses that he caused some tracks to

deny him stalls. Gill, now disappeared from the scene, was noted for claiming a horse for, say, \$25,000, performing a routine myectomy, and then winning with the animal at the \$40,000 level. Surely myectomies were not the backbone of his success.

Through the years there has been a steady rash of vet-trainer fads: ulcer medication, nasal strips, swimming, pumping air into the shoulders, injections into bucked shins, and "gluteal injections" (a solution seized upon when all else has failed). And do we not remember when almost the entire equine population seemed to have EPM (equine protozoal myeloencephalitis)?

I'm sure this piece will bring about the hue and cry from many—learned and unlearned—who will cite examples of the great victories on the American Turf made possible by some of the aforementioned. I concede in advance. And I state loud and clear that many vets are my true heroes and dear friends.

But this I know: The American racehorse of today races less, has more ailments than ever before, and the bills for veterinary treatment to keep him in action are growing more alarming by the day. This combination of facts causes a racehorse generally to be less pleasurable to own.

Interesting observation: Dogwood has one trainer who is 78 years of age, another who is 70 years of age, one who is a middle-aged European, and three who are relatively young. The vet bills of the first three are light and very reasonable. The bills of the latter three—who came up in an age when trainers were more reliant on veterinary care—are often out of sight.

Which ones have the soundest horses? They're all about the same.

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