
ABSTRACT: James Burt, an obstetrician and gynecologist who practiced from the mid-1950s until January 1989 in Dayton, Ohio, began performing what he described as a variation of an episiotomy repair in the mid-1960s to, in his view, improve upon the sexual anatomy of women. He developed what he called ‘love surgery’ on women after they gave birth; it was, he later told them, a modification of episiotomy repair. Love surgery, however, was in many ways beyond a typical closing of the episiotomy. By 1979 the hospital where he most often delivered babies – and thus performed love surgery – started requiring that Burt give his patients a consent form specific to this surgery, a consent form that labeled the procedure as “not documented,” “not a generally accepted procedure,” one “as yet not duplicated by other investigators,” and considered “an unproven, non-standard practice of gynecology.” Though by the mid-1970s Burt was also performing love surgery on women who elected to have it in the hopes of improving their sexual response, in this talk I will focus on his performing love surgery on women who did not elect to have it, and by doing so examine the changing ideas of consent in the 1970s, the difference between surgical variation versus experimentation, and the role of peer review in these matters.