

Contemporary ethical implications of Shusaku Endo's *The Sea and Poison*

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Abstract

The 1945 Kyushu Imperial University human vivisections are among the most infamous of medical atrocities involving Japanese doctors. The Japanese novelist, Shusaku Endo published *The Sea and Poison*, a fiction novel based on the incident in 1958. His story features young doctors, Suguro and Toda, and depicts their motivations to join the killing, as well as their regrets or the lack thereof. Endo forces us to ponder why they involved themselves in the human vivisections and what might have dissuaded them from doing so. Even today we lack clear answers to these questions. This paper will present our deliberations on the contemporary implications of Endo's questions and positions set forth in *The Sea and Poison*. We suggest that Suguro failed to refuse participation in the vivisection because of his emotional exhaustion and emptiness, which could have been caused by war, the doctors' true colors, or the dark side of medicine. It is argued that Suguro is no different from many of us, and that Toda's claim that we are, deep down, unmoved by the suffering and death of others describes part of our minds. The meaning of strong conscience and compassion is also discussed.

Keywords: The Sea and Poison, Shusaku Endo, human vivisection, war, Japan, research ethics

Background: The Kyushu Imperial University human vivisection case and Shusaku Endo's *The Sea and Poison*

The 1945 Kyushu Imperial University human vivisections are among the most infamous of medical atrocities involving Japanese doctors or researchers. Japanese doctors at Kyushu Imperial University School of Medicine, at the direction of the Japanese army, vivisected eight American captives, all of whom were killed. The doctors killed the captives by injecting diluted seawater into their veins, removing their lungs or livers, and through other horrific experiments that tested their physical limits. Twenty-three Japanese individuals, including army officials and Kyushu University doctors, were convicted of war crimes and sentenced to death by hanging, life in prison, or other penalties (Kumao, 2015; Takahashi, 2015; Ogaki, 2015; Japan Times, 2015).

In 2015, the Kyushu University Medical History Museum began to display two items related to human vivisections (Japan Times, 2015; Sankei Newspaper, 2015). The exhibit triggered active social discussion. Comments primarily included war criticisms such as, "the war drove the doctors mad" and "the war caused this foolishness," and blame against Japanese militarism at that time such as, "the abnormal atmosphere where the army's orders were absolute caused the atrocity." Moreover, doubts as to why doctors, who are supposed to save human lives, committed such brutal acts were expressed from professional perspectives (Takahashi, 2015; Ogaki, 2015; Japan Times, 2015; Sankei Newspaper, 2015). One individual involved in the vivisections as a medical student confessed that he was not sure whether or not he could have refused participation under circumstances where strong abhorrence to American soldiers predominated if he were a professor at the medical school (Shimosaki, 2015 June 22). On the other hand, one of the senior faculty members concerned claimed "we could have prevented it from happening even in that age if we had been sturdy" (Kumamo, 2015; Shimosaki, 2015 June 22).

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In 1958, the Japanese novelist Shusaku Endo published *The Sea and Poison (Umi to Dokuyaku)*, a fiction novel based on the incident described above (Endo & Owen, 1971).

Outline of *The Sea and Poison*

In 1945, when defeat in the war was certain, Dr. Suguro and Dr. Toda were both young interns of First Surgery at a University Hospital and had been taking care of many inpatients with tuberculosis. Even though the US Air force had bombed the hospital daily, professors at the University were ardently aiming to become the Dean of the School of Medicine. Professor Hashimoto of First Surgery operated on a young relative of the previous dean, but she died from massive blood loss during the surgery and this failure left him at a disadvantage in the election for dean. To recover from this situation, Professor Hashimoto and two First Surgery faculty members decided to participate in the vivisection of an American prisoner of war at the request of Japanese martial medical officers. Both Suguro and Toda were asked to join and assist the vivisection by their supervising doctors, Dr. Shibata and Dr. Asai. Toda decided to join without hesitation. Suguro was undecided, but did not refuse. They participated in the vivisection of a U.S. military captive together with many Japanese military personnel. After the vivisection, Suguro suffered deeply from remorse, guilt, and self-hatred, while Toda did not experience any psychological change.

The novel describes in detail the background, motives, and conflicts concerning participation in the vivisection, as well as the state of mind after the lethal experiments of the two protagonists, who have distinct personalities. Endo is considered to be the only major Japanese novelist to confront the problems of individual responsibility in wartime (Gallagher, 1971). In *The Sea and Poison*, Endo questions why they involved themselves in the vivisection, an unethical human experiment; what might have dissuaded them from participating in this abhorrent wrongdoing; and in what manner we ought to judge the protagonists' individual responsibilities in their involvement in this atrocity during wartime. He published a sequel to this work, *A Song of Sadness* (Endo, 1981). The sequel depicts Suguro's life about 20 years later as he continues to be nihilistic due to the deep regret and guilt about his participation in the vivisection.

Even today, 60 years later, we lack clear answers to the above-mentioned questions presented by Endo. It is important that we try to answer these questions, and we also need to deeply consider the meaning of the main characters' perceptions in this novel. First, just as Suguro and Toda faced the Second World War 70 years ago, any one of us could confront territorial disputes, terrorism, religious conflicts, racism, discrimination against the socially vulnerable, and indiscriminate mass murder at any time. There is a strong feeling that we are now living in an uneasy, unstable, and dangerous world, and that people could be unknowingly and rather easily swept to the same fate of emotional exhaustion and sensitivity paralysis that Suguro experienced. Second, unethical medical research has not discontinued entirely in Japan or in other countries (Sasaguri, 2012). Some have noted that Japanese medical communities have failed to reflect adequately on the evil actions of Unit 731, a biological warfare unit of the Imperial Japanese Army known to conduct human vivisections (Hickey, Li, Morrison et al., 2015; Shimosaki, 2015 June 25).

This paper will present our deliberations on the contemporary implications of Endo's questions and positions set forth in *The Sea and Poison* from ethical and professional perspectives. First, we consider why Suguro involved himself in the vivisection and what might have dissuaded him from participating. We then present several ethical implications of the novel. We refer to Endo's other works when they are relevant to our themes.

Why did Suguro involve himself in the human vivisection and what might have dissuaded him from participating?

Why did the protagonists in *The Sea and Poison* involve themselves in the human vivisection and what might have dissuaded them from participating? When thinking about Endo's question, we primarily consider the psychology of Suguro. We will touch on Toda's psychology in the following section. First, why did

Suguro not refuse participation? What is most important in considering this question is that nobody forced him to participate, he had adequate time to ponder the implications of participation, and had several opportunities to refuse. Assistant Professor Asai said, "You are perfectly free, you know. Really!" Associate Professor Shibata also added, "No, no! No forcing."

Actually, he did nothing in the operating room when the three professors and Toda were vivisectioning the prisoner of war with the help of two nurses. He screamed, "No, I can't," "Let me go. I want to get out," and just stood beside the wall of the room trying to imagine this was an ordinary patient operation. No one, including military personnel, blamed him for doing nothing (Endo & Owen, 1971). This suggests that there was no coercion or, at least, there was no strong or explicit pressure imposed on Suguro. As a matter of fact, 30 years later in *A Song of Sadness*, Suguro told a young pressman interested in the human vivisection experiments that it would have been possible to refuse participation if he had really wanted to (Endo, 1981).

The reason that Suguro consented to join in the vivisection remains vague, and he himself seems unsure of this point for a while. It could be that his colleague Toda decided to participate without reservation and Suguro just followed his decision. It could be due to headache, nausea, or absent-mindedness caused by the smoke from charcoal fires and cigarettes in the faculty room. However, he soon abandoned thinking of the true reason and rather quickly concluded, "It's all the same." He added, "No matter how much you think, it doesn't help. I'm just one person. What can I do with the world?" (Endo & Owen, 1971). A day before Suguro and Toda were asked to join the vivisection, Suguro's first patient died, in spite of his efforts to make sure she did not die in the midst of everyone being the way out. Her death made him think that, "From now on, for myself, for the War, for Japan, for everything, let things go just as they like" (Endo & Owen, 1971).

It seems to us that Suguro was caught in the insignificance of life and helplessness around him in a time when everyone had been the way out, and he lost all energy to positively commit to anything, judge moral appropriateness, and make his own choices. He suffered from emotional exhaustion and sensitivity paralysis. In *A Song of Sadness* (Endo, 1981), he told the pressman that he had not refused to participate in the human vivisection because he might have been too tired to do so. Thus, Suguro did not refuse it because of his nihilism and despair in the face of the overwhelming fate of war that naturally disregards human lives. A critic pointed out that this overwhelming fate is likened to a black sea in *The Sea and Poison*, and in his dream he saw himself in the dark sea, his figure a battered husk swept round in the current (Endo & Owen, 1971; Saeki, 1958).

Furthermore, we think that Suguro was deeply disappointed in both medical doctors at his medical school and medicine itself, and this disappointment contributed to despair over his life as a young physician. The elderly lady who had been Suguro's first patient had been selected as a candidate of Dr. Shibata's lethal experiments. She died of her underlying disease just before the experimental surgery. A young relative of the previous dean was a means towards Professor Hashimoto's advancement. She subsequently died during the unnecessary operation and, even worse, Hashimoto attempted to conceal the surgical death from the family in an attempt to save his own neck.

At the same time, Toda representatively explained the dark nature of medicine, "Killing a patient is not so solemn a matter as all that. It is nothing new in the world of medicine. That is how we have made our progress." After the young relative of the late dean was killed during her operation, Suguro asked himself, "Is this what it means to be a doctor? Is this what medicine means?" (Endo & Owen, 1971). Therefore, the two kinds of despair caused by the war and medicine exhausted his positive commitment to the world and paralyzed his sensitivity to other's suffering. We would like to add one more possible reason for Suguro's deep despair: the clear contradiction between war and medicine, or the meaninglessness of medicine in the midst of war, which kills everybody. It is possible that Suguro felt the helplessness of medicine in the face of the mass killing of war, especially after he failed to save his first patient.

According to Saeki (1958), this work indicts a Japanese mental and ethical vacuum, and suggests that this state of mind allows Japanese people to avoid making a serious ethical or religious choice when the choice is essential. It has also been pointed out that Endo thought that pantheism in the East does not have

the tension of opposites, such as that between good and evil, or flesh and spirit, and that he saw the calm passivity of pantheism as the dominant Japanese religious mood (Gallagher, 1971). Endo was baptized as a Catholic while a very young schoolboy and he created his works as a Christian (Gallagher, 1971; Saeki, 1958).

Given Endo's basic perception about Japanese spirituality, we think he suggests in the novel that Suguro passively participated in the vivisection because he lacked a strong conscience based in the voice of God. If he had a strong spirit based on religious faith he could fight against his circumstances and refuse participation; no serious choice was made due to his lack of robust conscience. By that token, in the conversation between Suguro and Toda immediately after their consent to participate in the vivisection, Toda told Endo abruptly, "A man has all sorts of things pushing him. He tries by all means to get away from fate. Now the one who gives him the freedom to do that, you can call God" (Endo & Owen, 1971). We think that Endo claims as a Christian that God sets us free from the fate forcing us to do evil; God injects values and a firm meaning of life into a person's empty mind and removes highly-toxic nihilism, and the conscience given by God orders us to love others impartially. In the same way, Endo might think that unethical conduct in clinical practice and research activities in healthcare were problems of our soul and could disappear if the spirit of healthcare personnel was filled with charity. We believe that Endo regards our nihilism as poison in our soul, despite the fact that no commentator has claimed so to the best of our knowledge.

Contemporary ethical implications of *The Sea and Poison*

So far, we have considered *The Sea and Poison's* background, content, and Endo's thoughts concerning conscience as the voice of God and its role. We suggested that the protagonist, Suguro, failed to refuse participation in the vivisection because of his emotional exhaustion and emptiness. His nihilism and despair could have been caused by war, the doctors' true colors, and the dark side of medicine and its limitations. What follows is our argument about the contemporary implications of *The Sea and Poison* where we will deliberate on the words and ideas of Suguro and Toda, although our arguments and claims may differ considerably from what Endo intended to convey to his readers, i.e., the primary importance of the voice of God.

First, all of us are Suguro; he is no different from many of us. He was a doctor who devoted himself to providing care to patients to the best of his ability with no excessive desire for power or promotion. Endo might have created Suguro's character as a typically Japanese person. Endo was a Catholic who kept investigating the characteristics of Japanese existence driven by his perceived contradiction between being Catholic and being Japanese (Saeki, 1958; Ozaki, 1980; Takeda, 2012). However, in our opinion, Endo's inquiry concerning the nature of Japanese people is not limited to the problem of the Japanese and could be universal. We believe that most people, regardless of race, faith, or time, might be unknowingly swept into the same situation of emotional exhaustion and sensitivity paralysis that Suguro experienced if they were placed in the same circumstance. Most of us could similarly remain undermined and passive while only a minority might fight against the overwhelming power of the era. Thus, it can be argued that *The Sea and Poison's* concerns not only address what being Japanese is, but also what being human is.

Everyone has a good side and a bad side that are always engaged in a tug-of-war. Nobody is completely good or bad (Isaka, 2012). A person may do something evil when the bad side predominates. Suguro told one of his patients at his clinic ten years after the vivisection, "From now on, I'm not sure at all. If I were caught in the same way, I might, I might just do the same thing again" (Endo & Owen, 1971). Toda also told Suguro just after the vivisection, "You and I happened to be here in this particular hospital in this particular era, and so we took part in the vivisection of a prisoner. If those people who are going to judge us bad were put in the same situation, would they have done anything different?" (Endo & Owen, 1971) Both Eichmann involved in the Holocaust and Dr. Ishii of Unit 731 were just citizens and good fathers in their ordinary lives (Sato, 2005). If Arendt's claim that Eichmann's evil was mediocre is correct, people could do

serious evil without being especially evil or in a state of frenzy (Arendt, 1963). Milgram's famous psychological experiment also suggests that it is the case (Milgram, 1974). If our claim that we are no different from Suguro is correct, it is likely that we also would involve ourselves in a brutal wrongdoing in a similar situation.

It is possible that we could commit serious evil deeds even without being involved in overwhelmingly merciless circumstances such as war when our spirits are filled with self-loathing, hostility against society, a sense of alienation, distrust against others, and apathy about life as a consequence of various failures, losses, absurdities, or suffering. This is because we may feel, "It's all the same," about ourselves, others, or society as a whole (Endo & Owen, 1971). We should recognize that there is always danger and that even a person of goodwill has the capacity to assist in or initiate an atrocity. It is dangerous to have the conviction that we would never commit any crime or wrongdoing.

Second, it appears that Toda's attitude towards others' pain or suffering expresses part of our mentality. Unlike Suguro, Endo describes Toda as cynical. Toda told Suguro that if the old lady who was Suguro's first patient died during an air raid she would be just thrown away, "But if she gets killed during an operation, no doubt about it, and she becomes a living pillar upholding the temple of medical science" (Endo & Owen, 1971). Toda did not hesitate to participate and volunteered to take part in the vivisection as an anesthesiologist. He justified conducting the vivisection to advance medicine. Toda confessed that, "To put it quite bluntly, I am able to remain quite undisturbed in the face of someone else's terrible suffering and death," and, "A patient would die. The parents and the sisters would wail; and I would put on a sad, sympathetic expression. But once out in the corridor, the spectacle would pass out of my mind" (Endo & Owen, 1971).

Endo depicts Toda as a man who was insensitive to other's suffering and born without a conscience, and writes that Toda joined the vivisection because he desired to feel his own pangs of conscience by killing a prisoner of war in a brutal manner (Endo & Owen, 1971). Endo also suggested that we Japanese do not have an authentic sense of guilt, i.e., the fear of remorse, and that all we have is mere fear of the punishment of our own community or society (Saeki, 1958). Toda is a character who embodies this idea. Toda confessed, "For me, the pangs of conscience were from the fear of disapproval in the eyes of others –fear of punishment which society could bring to bear." Toda asks all of us, "There is something I would like to ask you. Aren't you too, deep down, unmoved by the suffering and death of others?" (Endo & Owen, 1971).

This question should be answered honestly. How much are we moved by the death or suffering of others? How often do we avoid doing something evil solely because we fear the contradiction of our own conscience? We believe the claim that we are, deep down, unmoved by the suffering and death of others to correctly describe at least part of our minds. The person who acts with no concern about social sanction and guilt, but only to single-mindedly defend his or her conscience, might be in the minority.

On the other hand, Endo seems to earnestly desire that everyone feels, "I cannot be unconcerned when you suffer," as the young Frenchman Gaston said, who was described as Jesus in the present Tokyo in *A Song of Sadness* (Endo, 1981). In Endo's novel *Watashi ga suteta onna* (2012), the protagonist, an innocent girl, heard Jesus saying to her, "What you need in this world is to connect your sadness with other's sadness." Also in *The Sea and Poison*, Suguro felt psychological pain when he saw his patient dying of tuberculosis (Endo & Owen, 1971). It is pointed out that Suguro has sympathy and solidarity with others (Endo & Owen, 1971; Kawashima, 2016). We agree with Endo that we need empathy, sympathy, and love for others, and that all are desirable traits in our human world. However, we need to make it clear that our claim does not require the existence of God as a necessary condition.

Third, it is often asked why medical doctors, whose primary role is to save human lives, killed American captives by vivisection. We would answer that they did it *because* they are medical doctors. The risk that medical doctors and researchers would be tempted to plan, assist, or conduct human vivisections is higher than that for laypersons because doctors have the motive, ability, and purpose to do so. Potential benefits obtained through vivisections would motivate them. In *The Sea and Poison*, Associate Professor

Shibata told Suguro and Toda that, “For a medical research man, from one point of view that is, it is the most sought after kind of opportunity” (Endo & Owen, 1971). On the other hand, the layperson would not be interested in human anatomy, physiology, or inventing new surgical procedures. They also would have no capacity or access to conduct a vivisection. We believe that when doctors and researchers regard patients or subjects as the enemy or worthless, an extremely strong or narrow sense of mission may make them reckless and drive them to carry out atrocities. Their devotion to medicine and its progress could thus justify killing people whom they judge worthless in the name of advancing medicine.

We are not suggesting that medical doctors are inferior to laypeople in terms of personality, but they are not accepted to medical school for their strong empathy or excellent character. They are not selected for the strength of philanthropic spirit either. Hence, it is not surprising that some doctors, just like Suguro’s superiors, attempted to obtain new scientific knowledge by killing their enemies in an era of war. There is no strong reason that being a medical doctor would completely prevent getting involved in medical killing. Indeed, German doctors were believed to be willing to participate in brutal human experiments conducted at several concentration camps in the Nazi era (Weinke, 2015). The report about the Kyushu University human vivisections indicates that there were some doctors who visited the operation room to observe the vivisections because it interested them (Kumamoto, 2015).

A layperson might stab, beat, or hang a prisoner of war to death against the international law banning inappropriate treatment of captives. Medical doctors might kill the prisoner by medical experimentation. Which is ethically more problematic? We argue that the latter is much worse than the former from a professional perspective because medical doctors have a mission to contribute to the health and welfare of others. In *The Sea and Poison*, Suguro had the impression that the confidence in doctors as medical professionals was quite enough to put the prisoner at ease when he looked at the first victim of vivisection (Endo & Owen, 1971). The captive may have thought it impossible for medical doctors in their white coats to hurt him, even if they were the enemy. We should not ignore the huge gap between doctors’ evil intentions and patients’ trust. Medical atrocities inevitably betray social trust in medicine and are therefore intolerable.

Fourth, we agree with Endo about the importance of possessing a strong conscience that could prevent us from being swept away by a merciless destiny. In general, conscience is an inner sense that distinguishes right from wrong, and it is an individual moral conviction that compels us to do good and not do evil (Thompson, 2010; Benjamin, 2014). In a religious discussion, conscience may be thought of as the “voice of God” speaking within the individual. But, the internalization of parental and social norms, and the voice of conscience, could simply be an echo of social, parental, or religious admonitions (Thompson, 2010; Benjamin, 2014). Thus, doubt can rightly be presented concerning the accuracy of judging right and wrong. Conscience plays no direct role in ethical deliberation and is not an infallible guide to conduct (Benjamin, 2014).

In *The Sea and Poison*, Professor Hashimoto’s German wife Hilda reprimanded a nurse who attempted to euthanize a dying inpatient suffering severely from respiratory difficulty by saying, “Even though a person is going to die, no one has the right to murder him. You are not afraid of God? You don’t believe in the punishment of God?” (Endo & Owen, 1971) We are unsure whether Hilda was undoubtedly right and the nurse was absolutely wrong. In *A Song of Sadness*, Suguro 20 years later conducted voluntary active euthanasia for an old man who had been suffering from intractable pain due to terminal gastric cancer and consistently desired to die. When he was about to inject a large dose of morphine to the patient, Jesus told Suguro that he must not kill the terminal patient (Endo, 1981). However, was Suguro ethically wrong? We wonder how Jesus would deal with the severe suffering of a dying patient. At the very least, it can be argued that we should not treat equally the evil of voluntary active euthanasia and the evil of vivisectioning prisoners of war.

Conclusion: Can we stop future atrocities?

The remark of Associate Professor Shibata to Suguro and Toda, “[t]here are going to be some vivisections performed on American prisoners” is extremely hateful (Endo & Owen, 1971). However, the vivisections actually occurred 70 years ago in Japan (Kumamo, 2015). It could occur again in the future. If there had been a research ethics committee at the medical school in 1945, could it have stopped the atrocity? We are unsure. It is possible that the ethics committee would resolutely oppose it based on international law or universal human rights. On the other hand, the committee might become a follower of the power at the time and its decision, based on the conscience of fascist Japan, could be used to justify conducting lethal human experiments. Toda told Suguro that the conscience of man seemed to vary a good deal from man to man (Endo & Owen, 1971). Indeed, medical research that seriously harms subjects has been happening in Japan from the end of World War II to the present (Sasaguri, 2012).

What should we do to prevent medical atrocities like human vivisections from occurring in the future? It is important to continue current education regarding human rights, professionalism, and medical ethics, including clinical research and medical humanities, for medical researchers, healthcare students, and professionals. We would argue that what is most important is that human compassion, which is a strong feeling that it is unbearable and impossible to remain indifferent to in the face of another's misfortune, is nurtured in as many individuals as possible as an outcome of these educational interventions (Jullien, 2002). We believe this compassion to be the same feeling as Gaston's, “I cannot be unconcerned when you suffer,” and Suguro's emotional pain in the face of the dying patient. However, we cannot expect dramatic effects of these interventions on how we feel about the suffering or pain of others. Given the limited ability of human beings to empathize, sympathize, or love others, how to nurture human compassion is an unresolved issue. To our regret, it is difficult for us to live with philanthropy. In fact, many are killed by terrorism or homicide every day worldwide. Our trial and error continues.

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