INTRODUCTION

This paper derived from a descriptive interpretive historical study entitled ‘Madonnas, Martinets and the Malayan Emergency: An historical analysis of events that led Australian Army nurses to war’ (McLeod 2005). The study was supported by the oral histories provided by four Australian Army nurses who served in the Emergency. According to Tosh (1991: 206), oral history is by definition ‘the first-hand recollections of people interviewed by a historian’. Ritchie (1997: 6) comments that in recent years oral history has become increasingly popular and ‘transcripts have allowed interviews to be cited as background information, paraphrased, quoted, or reproduced in full in a steadily increasing volume of literature’.

BACKGROUND

The role of Australian Army nurses from the
time of the Boer War to the Vietnam War has been largely overshadowed by the exploits of their male fighting contemporaries. Rae (2000: 10), in her exposé of WWI nurse veterans claims that ‘there is an abundance of historical and anecdotal information relating to the experiences of the Australian soldier and conversely an almost total absence of information about the role of the Australian nurse’. The dearth of information about women and war has prompted many contemporary researchers, a number of them women, to address this gender imbalance. Still, such attempts are often fraught with difficulties. O’Keefe (1994) highlights the difficulty in ascertaining precise nursing numbers for the twentieth century Southeast Asian conflicts, due to the armed services’ inability to produce lists of nursing personnel. After an exhaustive search, O’Keefe (1994) discovered that approximately thirty-three Australian Army nurses served from 1955 to 1960 in the Malayan Emergency, with some continuing their service for a few years after hostilities ended. The figure of thirty-three was based on ‘a wide range of contemporary file sources, from some published works, and from information provided by [a few] nursing officers’ (O’Keefe 1994: 369).

The events that led to the commencement of the Malayan Emergency in 1948 had been smouldering for most of the century and were linked to the plans of the Malayan Communist Party (MCP) to overthrow the British rulers (Png 1962; Ryan 1976; Yong & McKenna 1990). This plan was aborted during WWII in response to the Japanese invasion of Malaya (Aun 1966; Short 1977; Kennedy 1993; Chin Peng 2003). As a consequence, the MCP made a short term commitment to join the British in their fight against the Japanese, but the Party remained committed to the formation of a Communist Republic at the earliest opportunity (Aun 1966; Short 1977; Chin Peng 2003). Despite the strange alliance, the Japanese progression through Malaya was swift and effective, with the combined British, Allied and Communist forces being defeated (Bennett 1944; Miller 1954; von der Mehden 1974). Many civilians and military personnel were killed or incarcerated, including Australian troops and the Army nurses who supported them. In 1945 hostilities ended when the Japanese Emperor conceded defeat following the destruction of Hiroshima and Nagasaki (Craig 1968). Following Japan’s unconditional surrender British administrators returned to Malaya to reclaim their supremacy (Miller 1954; Aun 1966; Falconer 1992).

British administrators experienced difficulties regaining their former status and after three years of relative peace the MCP launched an assault. On 16 June 1948, Communist Terrorists (CTs), armed with ammunition secreted in the jungle during WWII, began their attacks on rubber plantations and tin mines, the core of British Malaya’s financial interests (Department of Information Federation of Malaya 1952). In the first wave attacks, three British rubber plantation managers were killed. In response to further CT raids, Malaya’s High Commissioner reluctantly proclaimed a State of Emergency (Department of Information Federation of Malaya 1952; Barber 1972; Clutterbuck 1973).

Australia was not immediately drawn to Britain’s fight against Communism in Southeast Asia. ‘Britain’s predicament was viewed with a mixed political response in Australia [for] unexpectedly, and for the first time in Australia’s history, there was no bipartisan support for Britain’ (McLeod 2005: 2). Early in the campaign Britain requested the supply of ammunition and arms from Australia and later aircraft and personnel (Millar 1968; Edwards 1992). The governing Liberal Party sanctioned these requests, but the Opposition Party remained resolute that ground troops should not become involved in Malaya’s civil war (Millar 1968; Edwards 1992). Prime Minister Menzies finally committed troops to the Emergency in September 1955 when an advance party from the Army, accompanied by six nurses, sailed to Malaya on the New Australia (Goodman 1988;
This backdrop provided the opportunity for the experiences of Australian Army nurses, both personal and military, to be woven into a historical narrative.

THEORETICAL DISCUSSION

At the beginning of the research journey it was acknowledged by the authors that locating the ageing nurse veterans would be difficult, and if found, the women might decline to participate in the study. Further, it was perceived that the research project would be of limited value without the nurses’ oral testimonies. Therefore, in an attempt to protect a small group of nurses from harm the use of pseudonyms, which offered an element of safety, was advocated.

As the study progressed the use of pseudonyms and the maintenance of informant anonymity became a controversial ethical dilemma for the authors. Referral to the philosophies of a number of oral historians offered no definitive answer. Hay and McLauchlan (1974 cited in Hay 1986) compounded the issue by naming some informants and de-identifying others within the scope of a single study. In a publication entitled *The Oral History of Upper Clyde Shipbuilders*, the researchers identified the industrial leader Jimmy Reid but de-personalised other informants, referring to them as the ‘Clydebank engineer [and the] Clydebank boilermaker’ (Hay & McLauchlan 1974 cited in Hay 1986: 15–18).

In a later study, Hay (1986) urged historians to be mindful of the problems of confidentiality, particularly when the informants could be easily identified by others. Russell (1998: 5) in contrast maintained that de-identifying informants by the use of pseudonyms constituted a departure from the ‘defined parameters and established conventions’ of oral history and the transparency of historical research. Hutchinson (1988: 28) offered a more moderate view, indicating that there should be room for methodological flexibility in research, suggesting that ‘historiography, like history itself, develops, changes, [and] mutates’. This view was supported by Biedermann et al. (2000: 220) who contended that ‘in research, there is no perfection: no perfect method, no perfect sample, and no perfect data analyses [sic] tool’.

Hemmings’ study of Australian Army nurses in Vietnam in 1995, in which she used pseudonyms, provides an example of an alternate approach to the conventions of oral history methodology espoused by Russell (1998). Hemmings (1995: 72) offers no explanation for the use of pseudonyms, simply stating ‘the participants were told at the outset of the research that every effort would be made to ensure that their anonymity was maintained’. While it remains unclear why Hemmings (1995) used this approach, it may have been a deliberate strategy to protect her informants from public and military scrutiny following their candid disclosures and reflections on painful war memories (McLeod 2005). A similar study to that of Hemmings, but one guided by the customary conventions of oral history, was undertaken by Biedermann et al. (2001). Initially, Biedermann et al. (2001: 543) planned to identify their Army nurse informants, but were forced to change this approach when the nurses themselves requested the use of pseudonyms because ‘their memories of Vietnam were sensitive and confronting, and they were reluctant to have their real name[s] associated with some of their memories’. Biedermann et al. (2001: 543) acknowledged that this ‘conflicts with some historians’ philosophy of historiography (Russell 1998), however, it was strongly believed that the rights of the participants should outweigh such theoretical arguments’. Barnes (1994: 73) attempts to provide a balance, arguing that there is no doubt ‘pseudonyms detract from the completeness of the published information and therefore their use, though often necessary, should be regretted rather than welcomed’.

The ‘often necessary’ provision is evident in the historical research undertaken by McAlpin, which focuses on significant New South Wales Department of Health restructures in the 1990s...
McAlpin (2004). McAlpin has completed interviews with senior Department of Health employees, both past and present, and as a number of these people maintain links with the Department, both researcher and informants considered the use of pseudonyms necessary. Lowenstein (1974: 99) supports this approach, commenting that informants sometimes ‘say things which could in fact prove embarrassing to themselves or to the subject of their remarks’, which in time could cause them considerable regret. Further, Lowenstein (1974: 99) warns that libel action is a possible outcome and it is ‘not only the informant, but the collector, the library and the publisher [who] may all be held responsible’. Historians can reduce this possibility by ascribing pseudonyms to their informants, in an attempt to provide anonymity, and by constant vigilance throughout the research process (Lowenstein 1974). Barnes (1994: 73) concurs, reflecting that:

... in the past practitioners of social research made their own decisions about whether or not to use pseudonyms [but] nowadays they no longer have this freedom to choose for themselves [as] research of all kinds involving human beings is now conducted within an increasingly constricted bureaucratic framework.

Early in the research process that would involve the Malayan Emergency nurse veterans, careful consideration was given to the ethical implications of the project and the established conventions of oral history. After reviewing the literature a judgment was made to use pseudonyms instead of identifying the nurse informants. While it could be argued that this approach deviates from the philosophical underpinnings of oral history, the decision was based firmly on the ethical principles that should guide researchers in their search for new knowledge: beneficence, non-maleficence, fidelity, justice, veracity, and confidentiality (ICN 1996 cited in Parahoo 1997: 78). These principles are manifest in the Australian Code for the Responsible Conduct of Research document, which provides guidance to individual researchers and institutions ‘in how to achieve and maintain responsible research practice’ (ARC, AVCC & NHMRC 2006: 9).

PUTTING ETHICAL PRINCIPLES INTO PRACTICE

To facilitate the collection of non-identifying oral data from the nurse informants a semi-structured interview format was devised. This document was included in the application package forwarded to the relevant Ethics in Human Research Committee, responsible for institutional governance and management practices. Within the Australian Code for the Responsible Conduct of Research it is noted that such ‘practices promote quality in research and enhance the reputation of the institution and its researchers, and minimise the risk of harm for all involved’ (ARC, AVCC & NHMRC 2006: 11). Following review of the application the Committee requested additional information about the provision of counselling services for the nurses and clarification about the protection of their identities. Conventional oral historians could argue that it would have been more appropriate for the Committee to question the use of pseudonyms in this historical study, rather than pursuing the maintenance of informant anonymity. However, in this instance the Committee did not dispute pseudonym usage and study approval was finally granted when the issues of informant counselling services and anonymity were clarified.

Finding the informants was not an easy task and after an exhaustive and protracted search only four Malayan Emergency nurse veterans were located. Prior to arranging interviews with the nurses, they were provided with precise information about the research project, including details about their names being changed to protect their identities. Therefore, the use of pseudonyms was established prior to the nurses committing to the project. After
gaining written consent, the nurses were inter-
viewed separately, focusing on their experiences
and perceptions of their wartime deployments.
The interviews were audio taped and the data
transcribed and returned to the informants for
endorsement. The informants were encouraged
to add, clarify or delete information in the
interests of accuracy, and their level of comfort
with the disclosures. Lowenstein (1974: 99)
appears to support this consultative process,
maintaining that it is essential for informants to
be protected from possible ‘embarrassment as a
result of helping a collector or historian’. One
potential area for embarrassment related to two
of the informants ‘telescoping’ other war expe-
riences into their stories about Malaya, with one
nurse confusing her post WWII deployment and
the other nurse the care of a patient in Vietnam
(McLeod 2005). Tosh (1991) acknowledges that
mistakes are not always intentional, but Thomp-
son and Perks (1989: 5) maintain that ‘it is com-
mon for people in their seventies and eighties to
“telescope” two similar events into a single
memory’. These errors made by the nurse
informants were amended following consulta-
tion with them and checking other primary and
secondary sources. While this phenomenon was
exposed and discussed by McLeod (2005), the
use of pseudonyms protected the ageing nurse
veterans from public humiliation.

Managing the data
Like all qualitative methods oral history has
been regularly criticised for its perceived sub-
jectivity (Biedermann et al. 2001). Still, Dou-
glas, Roberts and Thompson (1988: 1) contend
that the debate has been ‘profitable in broadening
understanding and refining techniques’. Yow
(1994: 3) supports this view claiming that oral
historians have ‘devoted more energy to defini-
tional issues and problems of application than
other disciplines’. Thematic analysis is one
 technique used by historians to make the data
collected at interview more manageable. The
process involves the following steps: studying
the transcriptions; becoming familiar with the
material; capturing the themes and ideas; cod-
ing the data; refining the themes; interpreting
the data; and reporting the findings (Taylor &
Bogdan 1984 cited in Minichiello et al. 1997:
257–58; Polgar & Thomas 2000). Parahoo (1997:
63) maintains that despite this rigorous activity
the analysis of themes continues to be open
to criticism because ‘it is possible that other
researchers may analyse the data differently and
even obtain different results’. This perceived
flaw can become a strength according to Mc-
Leod (2005: 43) for in her study oral history
provided ‘a singular opportunity, heightened by
the nurses’ advancing ages, for the researcher
and the informants to work together to create a
living picture of the past’.

Guided by Watts (1994) the information pro-
vided by the four nurses was recorded on a pre-
liminary matrix. Using the process of manual
thematic analysis a second matrix was created to
further refine the themes. One of the major
categories was the ‘British Military Hospital
[Nursing] Experience’, from which several under-
lying themes emerged. These themes highlighted
the inadequacies of the British system and
included: limited orientation; inferior rostering
practices; identification of hospitals and wards;
perception of equipment and supplies; poor
staffing levels; range of clinical responsibilities;
cultural diversity; feeling safe; and surviving
the tropics. In this major theme category and
others, the nurses’ oral histories included
derogatory comments and criticisms of other
individuals, including their commanding offi-
cers. Given that some of the key players are still
alive, and three of the nurses continue to have
strong links with the military, it is concluded
that some words would have gone unspoken,
but for the safety net of the pseudonym.

Using pseudonyms to protect
the vulnerable
Most people have a clear memory immediately
following events, but as time passes memory

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fades. However, Perks (1992: 13) contends that as people grow older they re-evaluate their lives: 'a phase of “life review” in which their early memories become clearer, and also franker'. Still, it should be noted that the tendency of elderly informants to be franker could lead to a level of vulnerability not experienced by younger people. This frankness was noted in the Malayan Emergency nurse veterans, whose ages ranged from the middle seventies to the late eighties. Biedermann et al. (2000: 223) assert that ‘for most people, the events that are remembered effortlessly are those that are personally or professionally significant, extraordinary, emotional, unexpected or foreign’. This point is particularly pertinent to the nurse informants of the Malayan Emergency study, ‘all of whom travelled to Malaya for the first time, some to experience their first and only overseas posting, where love and marriage forced their resignation from the Army’ (McLeod 2005: 20).

Prior to their posting to Malaya, the Army nurses met at Puckapunyal military base in Victoria. Thereafter, they proceeded to Army Barracks in Melbourne for a briefing with their Commander before departing on the night train to Sydney (McLeod 2005). The following anecdote demonstrates that, even though the research intent was to maintain informant anonymity, the nurses made further attempts to protect their colleagues from identification, particularly if they considered their disclosures could be hurtful or embarrassing. Ella (pseudonym) recalled that, at the railway station:

... one of the members that I had known at training ... was very vivacious, and full of life, a sparkly type of girl and ah .../... so she asked me if I would look out the window of the train ... to keep this fiancée, or something talking, while she went and said goodbye to another fiancée apparently, who was just further up the platform. So I did my duty and talked away and then she came back and gave him a kiss ...

Following their arrival in Sydney the nurses boarded the New Australia which was bound for Malaya. After a journey of eleven days the nurses disembarked at Penang, and travelled by Army vehicle to Kamunting British Military Hospital (BMH). The following exposés capture the candid responses of the four nurse informants who served at Kamunting BMH and it is argued that the use of pseudonyms, which afforded anonymity, provided an element of safety for the nurses in their disclosures about themselves and others.

The Australian nurses indicated they were not immediately welcomed at the BMH by their British counterparts. Anne (pseudonym) stated frankly:

the QAs [British nurses] didn’t like us when we arrived because six of their friends had been moved out .../... and we had to sort of earn our stripes with them ... at the time it was .../... we don’t need the Australians here ...

Still, the British Matron was cordial and following their ward allocations she advised the Australian nurses to have a night’s rest before commencing duty the following day. Rose (pseudonym) commented:

... that was just normal, as far as we were concerned, if you got a posting you just worked as soon as you got there ...
While Rose indicated she was nonchalant about the proceedings, one of her nursing colleagues recalled that Rose ‘nearly fainted’ when they were all told they would be working British hours. The Australian nurses stated that the British rostering practices were inferior to Australian standards, resulting in higher workloads, longer working hours, split shifts and less time off duty. Alice (pseudonym), who was deployed to Malaya some years after Rose, stated:

... we never got a day off, we had all these half days off ... it was a rude shock to us ... I was put on the families' ward when I first went up there. The staffing wasn’t good for that ward ...

On night duty, only one registered nurse (RN) was assigned to care for 160 patients, who were accommodated in open pavilion wards. Anne recalled:

... you were the only RN on duty ...//... but there were RNs you could call for maternity ... I borrowed a bike or bicycle from one of the local orderlies ... and I used to ride the bicycle from ward to ward ...//... I could really move around that hospital. (laughter)

British staff held the senior positions in the military hospitals and the Australian nurses spoke fondly of the British Matrons, but some were very critical of the British medical Commanding Officers (COs). It is difficult to assess whether the nurse informants would have been less frank in their disclosures if their names had been used. It would be mere conjecture to assume that the use of their names would have led to a heightened awareness of potential consequences, including libel action. Anne likened one CO to the incompetent commander portrayed by Humphrey Bogart in a contemporary film *The Caine Mutiny* (1954), adapted from Herman Wouk’s novel. Anne stated:

What was that story ... there was a film made of it ... Ah ... Captain Queeg and the ball-bearings ... we were not very fond of the Commanding Officer.

Ella, who was very positive about her experiences in Malaya and the people she met there, made one single disparaging remark about another member of staff. Referring to the CO of the Cameron Highland BMH, Ella stated candidly:

I couldn’t stand him!

Such was their aversion to the British COs that both nurses defied tradition by refusing to have military weddings in Malaya, to avoid the COs giving them away. Anne’s attitude at the time was:

If he doesn’t like it too bad!

Instead, both Ella and Anne had civilian weddings, asking male friends to do the honours.
While the nurse informants’ candid responses were afforded anonymity in this study, Hemmings (1995) takes anonymity to a higher level in her historical study, by deleting pseudonyms when quoting particularly sensitive dialogue, thus effectively separating all potential nursing sources from delicate data. Conversely, Russell’s (1998) philosophy of historiography advocates the identification of informants:

The historical researcher is obliged ... to ensure that all the people from whom they collect oral histories consent to having their names, and the information that they share with the researcher, made public through its inclusion (with appropriate acknowledgement) in the written work. (Russell 1998: 6)

The views of Hemmings (1995) and Russell (1998) are at opposing ends of a continuum but they do provide a point of reference for other historians. In an attempt to balance these views, it is suggested that oral historians could use a modified approach, offering informants choices about the use of their names, pseudonyms, or a combination of both when disclosures are sensitive or controversial. However, combined approaches should be used with caution for they may inadvertently expose identities, particularly when the research sample is small, or the informants are notable and thus easily identifiable.

**CONCLUSION**

In this paper the oral histories of four Australian Army nurses who served in the Malayan Emergency are discussed and some of their more candid disclosures highlighted. It is argued that historians are responsible for protecting their informants from harm, particularly those of advanced age who may be prone to unreserved frankness about themselves and others. To protect informants as well as contemporaries targeted in disclosures the use of pseudonyms is advocated to keep them all safe from public scrutiny. While it is acknowledged that the identification of informants is a common convention of oral history, in the interests of transparency and completeness, this paper seeks to offer an alternate approach. It suggests that the information provided by the Australian nurse veterans is rich and valuable, with the use of pseudonyms enhancing disclosures rather than hindering them. Further, in the style of conventional oral history, information emerging from the interviews with the nurse veterans was compared to many existing primary and secondary source documents. Therefore, it is argued that the data collection process has been as rigorous as data collected from informants who consented to be identified by name. Finally, the information provided by the four former nurses from the Royal Australian Army Nursing Corps has addressed a hiatus in Australian military nursing history and while the use of pseudonyms may be regrettable it was deemed necessary.

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