

The purgatorial shadows of war: Accounting, blame and shell shock pensions 1914-23

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Abstract

This research is a qualitative analysis of the role of accounting in British disablement pensions awarded to men who sustained shell shock during their Army service in the First World War. It suggests that accounting classification of shell shock for pension determination purposes supported a view of shell shock which made men with shell shock scapegoats of a system that was often unsupportive. Accounting classification contributed to the lack of support by distancing pension decision-makers from the moral consequences of pension determinations. This was able to occur because the British government used accounting classification as part of a mechanism to avoid blame for its pension determination choices. This research contributes to an ongoing debate about the role of government by suggesting that the functions of government provide opportunities for accounting to simultaneously serve a neutral role as mere inscription while being a social and moral construct.

Keywords

Accounting history, blaming, distancing, First World War, pensions, scapegoating.

Introduction

*Who are these? Why sit they here in twilight?
Wherefore rock they, purgatorial shadows ...*

*Treading blood from lungs that had loved laughter.
Always they must see these things and hear them,
Batter of guns and shatter of flying muscles,
Carnage incomparable, and human squander
Rucked too thick for these men's extrication¹.*

In the 1990s, Tinker and Solomons debated whether accounting was a neutral, fair and just means of representing reality. Solomons viewed accounting as a neutral and unbiased technology (Solomons, 1991a; Solomons, 1991b) whereas Tinker asserted it is an artificial construct that can never be neutral (Tinker, 1991; Tinker and Ghicas, 1993). McSweeney (1997) offered a compromise view of neutrality as a goal to which accounting should aspire. The inability of accounting to achieve neutrality, assuming it is both possible and desirable, has been attributed to factors including the politicisation of accounting (McKernan, 2007), the narrow view taken by accounting standard setters of accounting's role in democratic society (Bayou et al., 2011), limitations of the epistemological boundaries in accounting (Mouck, 2004), ideological manifestations of accounting (Dillard, 1991) and philosophical assumptions of accounting (McKernan, 2007). Although the technical and neutral view of accounting espoused by Solomons (1991a; Solomons, 1991b) pertained specifically to accounting standard setting, the construction of accounting as morally neutral inscription has been extended to accounting practice (Robson, 1992). The neutrality of accounting is opposed by those who view accounting as a social construct (Hopwood, 1987) and moral discourse (Williams, 2002), rejecting claims of accounting neutrality as mythic and a failure to recognise the interpretive and metaphorical nature of accounting (Morgan, 1988) which through its reporting choices can create reality (Hines, 1988), albeit in often one-sided ways. The purpose of our research is to suggest that there may be a point of intersection in government accounting where accounting as a technical inscription and accounting as a social construct co-exist because of the flexibility and adaptability of accounting.

We illustrate this by examining accounting processes that supported disablement pensions paid to British Army soldiers who suffered shell shock as a result of front-line service in the British Army during the First

World War. The First World War was the first time the term “shell shock” was used although symptoms consistent with shell shock have been identified since ancient times (Babington, 1997). The term describes a set of symptoms which can include loss of hearing, speech, sight, movement control or cognitive abilities, an appearance of concussion without a head trauma injury, or fear ranging from a desire to flee the battle area to a catatonic state. During the First World War, desire to flee a battle area was a particularly contentious symptom which led the British Army to contend shell shock was cowardice rather than a real medical condition (Head, 1916) with the potential penalty of execution rather than medical treatment (British Expeditionary Force, 1922). In medical diagnosis, the term “shell shock” was not exclusively used. Other terms commonly used included nervous disorder, neurasthenia, commotion, hysteria, weak heart, nervous disorder of the heart and insanity (Babington, 1997) We have used the term “shell shock” because it was both used in medical diagnosis and common parlance during the period covered by our research. Although our historical example is limited by time and context, issues of equitable pension determinations for those disabled by war and how to manage pension entitlements for those suffering from battle trauma that may not manifest in clearly definable symptoms are contemporary ones that remain contentious (Forbes et al., 2001; McDonald and Calhoun, 2010). We adopt an historical example purposely so the accounting issues are highlighted without the politicisation or emotion that is connected to contemporary discussion of post-traumatic stress disorder (Wessely and Deahl, 2003; Stubbs and Soroya, 1996; Bichescu et al., 2007), which is the contemporary equivalent of shell shock.

Our research covers the war years of 1914 to 1918 and immediate post-war period when Britain’s pension obligation to disabled war veterans peaked. This period was one of major cultural change in Britain (Eksteins, 2000) and a time of change for accounting processes in response to efforts to introduce scientific approaches to cost calculation (Boyns and Edwards, 2006). The Institute of Cost and Management Accountants was established during this period, in 1919 (Loft, 1986). During the period covered by our research, the British government used accounting information primarily for expenditure control (Funnell, 2006; Miley and Read, 2014) but actively encouraged its private sector suppliers to implement scientific management practices that would enable them to use accounting information for costing decisions to ensure the Government was not overcharged for resources acquired from the private sector for the war effort (Boyns and Edwards, 2006; Brown, 1998).

Our research uses primary resources when available. These include official transcripts of Parliamentary debates, reports by the Ministry of Pensions, a post-war inquiry by the War Office into the management of shell shock (War Office Committee of Inquiry into Shell Shock, 1922), a report on war pensions by two members who served on the Ministry of Pensions Appeal Tribunal throughout the war (Parry and Codrington, 1918) and the case histories of British Army doctors who specialised in the treatment of shell shock cases (Mott, 1919; Rivers, 1918a; Smith and Fear, 1917; Myers, 1915; Salmon, 1917). Secondary sources referenced include Britain’s official war history, or provide particular specialised knowledge such as an historical study of shell shock case histories by psychiatrists seeking to understand contemporary manifestations of this condition through historical analysis (Jones et al., 2002). We recognise that men who had front-line battle service with the British Army during the First World War were not the only groups to suffer from mental trauma. We also recognise that those with other war disabilities were also disadvantaged by changes to the pension entitlement system that occurred during the period covered by our research. However there is evidence that the disadvantage to men with shell shock exceeded the financial disadvantage to other people receiving war disability pensions (Parry and Codrington, 1918; Ministry of Pensions, 1919; Reid, 2010) so our research is limited to those suffering the greatest financial disadvantage.

The next section provides further background on shell shock and the moral dilemma it presented to the British Government. This is followed by a description of Britain’s disablement pension system and an analysis of this illustrative example enhances our understanding of accounting. Our analysis draws on extant research on blaming, distancing and scapegoating to show the flexibility of accounting as a mechanism that promotes neutrality of judgement while simultaneously promoting morally-laden decision-making. We conclude that

accounting can simultaneously support technical neutrality of decision-making that distances decision-makers from the morality of their decisions while providing a morally-laden decision which, in this case, financially discriminated against men with shell shock, making them victims for a second time. These men were victims of shell shock through their war experiences who became victims of a discriminatory pension system.

Background

In this section, we introduce factors that impacted on disablement pensions entitlements for men with shell shock. First, it was poorly understood as a medical condition. There was neither an accepted definition nor accepted medical protocol for diagnosis and treatment (Webb, 2006) which led to considerable doubt about the genuineness of those claiming battle trauma. Second, the lack of consistent and readily determinable symptoms that could always be described as shell shock contradicted prevailing medical understanding and confounded pension decision-makers. The image of the shell-shocked soldier has become synonymous with the First World War (MacLeod, 2004). The high incidence of shell shock diagnoses among officers and enlisted men in the British Army impacted on Britain's ability to maintain an adequate fighting force during the war and on pension and medical costs both during and after cessation of hostilities (Babington, 1997). It challenged British notions of masculinity and had significant economic implications when formerly able-bodied men were unable to return to civilian employment following their war service and sought pension entitlements for disablement that did not include a physical battle wound (Holden, 1998). Britain borrowed heavily to finance participation in the First World War (Mitchell, 2011) so its burgeoning debt problem was compounded by the financial demand from the large number of pension claims. In this section, we also address the uncertainty concerning the number of men with shell shock which was a consequence of the lack of medical protocol and imprecise understanding of the condition but which means that it is not possible to be precise about the magnitude of the pension problem described in this research. We can only present estimates of the magnitude of the problem so although we refer in our research to sources such as Parliamentary debate records where pensions for men with shell shock were frequently discussed, quantitative data must necessarily be replaced by inferential qualitative data in this area of research.

An issue for the British medical profession was whether shell shock could exist without obvious physiological injury such as a battle wound. When first identified in 1914, shell shock was considered a physical trauma to colloidal tissue of the spinal column or brain caused by the force of exploding shells from heavy ammunition, which is why it was termed "shell shock" (Myers, 1915). However, when casualties with similar symptoms but who had not been near exploding shells began to present in large numbers, doctors sought other explanations and antipathy towards a diagnosis of shell shock commenced (Smith and Fear, 1917). Although psychological battle trauma was suggested, physiological explanations for shell shock prevailed. This reflected medical knowledge of the time, the British medical profession's distrust of psychiatric methods and the lack of professional recognition by the British medical profession for psychiatry. Psychological illness, the diagnosis and treatment of which were in their infancy, was maligned in Britain in the nineteenth century when the pejorative term "railway spine" became popular to describe people who claimed spinal pain following involvement in a railway accident when there was no sign of physical illness. Shell shock patients were often said to have railway spine. It was only following successful post-war treatment of shell shock as a psychological illness that attitudes in Britain gradually towards the condition and psychiatry improved and the medical profession started to review its attitude towards men with shell shock (Rivers, 1917; Rivers, 1918a; Rivers, 1918b).

Although the British medical profession was divided on whether shell shock was a genuine medical condition, the British Army did not accept shell shock as a legitimate condition. The British Army's official position was that shell shock symptoms were either cowardice or the exacerbation of a pre-existing nervous disposition (War Office Committee of Inquiry into Shell Shock, 1922). It did not consider prior histories when recruiting men, except in cases of a prior hospitalisation for insanity which disqualified a man from Army service. The

Army view that shell shock was the aggravation of a pre-existing condition was not based on empirical evidence (War Office Committee of Inquiry into Shell Shock, 1922). The Army contended that the shorter recruit training period necessitated by war prevented Army officers identifying men of nervous disposition who that in normal circumstances would not get through the recruit training process and meant that men of nervous disposition were being sent into battle (War Office Committee of Inquiry into Shell Shock, 1922). The Army's position was that a nervous disposition was a self-inflicted phenomenon for which a man should not receive sympathetic treatment or other men would be encouraged to feign similar symptoms to avoid fighting in the front line of battle. From 1916, when the Army forbade use of the term "shell shock" as a medical diagnosis (British Expeditionary Force, 1922), it becomes difficult to determine the real nature of a man's medical condition. Royal Army Medical Corps diagnoses were often hastily made when dealing with many men wounded after a battle but from 1916, could also be purposely vague in cases of shell shock (van Bergen, 2009). Diagnosis might state a debilitating symptom, such as blindness or deafness (War Office Committee of Inquiry into Shell Shock, 1922) or be intentionally misleading. For instance, medical records for Craiglockhart, a hospital in Scotland exclusively for severe shell shock cases, show conditions ranging from migraine, gas poisoning, glycosuria, a compound fracture of the toe and haemorrhoids in the Royal Army Medical Corps admissions records' diagnoses (Webb, 2006). Since British Army medical records on discharge were *prima facie* evidence for pension determinations, diagnostic problems carried forward into inconsistency for pension determination purposes (Parry and Codrington, 1918). Due to the diagnostic inconsistencies, there are no reliable records of the number of men with shell shock.

The medical profession and the British Army's attitudes towards shell shock are important because both were connected with the provision of information upon which pension entitlement claims were assessed. Also, both the medical profession and the Army were involved directly with determining pension entitlement awards. The involvement of both groups is discussed in the following section.

The number of men with shell shock seeking medical attention or pensions, the number of men with shell shock awarded pensions and the level of pension award determinations for men with shell shock cannot be determined precisely because of the imprecision of medical and pension record-keeping. Although available figures are therefore estimates and can be contradictory due to their imprecision, it would appear that many men suffered shell shock so can be assumed that shell shock symptoms provided the basis for many pension entitlement claims. In December 1914, when the British Army was using *inter alia* the term "shell shock" to describe battle trauma symptoms, 7 to 10 per cent of British officers and 3 to 4 per cent of non-officers had been diagnosed shell shock (MacLeod, 2004). By 1916 the British Army banned use of the term "shell shock" to describe battle trauma, replacing it with a variety of other terms in an attempt to hide the magnitude of the problem (War Office Committee of Inquiry into Shell Shock, 1922; Miley and Read, 2015) yet between July and December 1916 over 16,000 new diagnoses were made in addition to an unspecified number of diagnoses described in other ways (MacLeod, 2004). Symptoms consistent with shell shock represented approximately 40 per cent of battle casualties and over 30 per cent of cases of men discharged from the Army during that period (Merksey, 1979). Mott (1919), a doctor who worked exclusively in the treatment of shell shock casualties, estimated that one seventh of all men discharged as medically unfit from the Army suffered from shell shock. In October 1917 Salmon (1917), a doctor working exclusively in shell shock rehabilitation, determined that if all men with wounds were excluded, shell shock accounted for one third of the men discharged from the British Army and that between 80,000 to 100,000 men suffered shell shock symptoms severe enough to require discharge and ongoing medical treatment.

Since the Ministry of Pensions did not recognise shell shock as a separate medical condition for disablement pension awards, pension figures pertaining to shell shock are unavailable. However, Britain's official war history indicates that in 1921 65,000 men received pensions for symptoms of shell shock (Cruttwell, 1934; Johnson and Rows, 1923) from a total 1.3 million pensions awarded (Reid, 2010). By 1939 the Ministry of Pensions stated that more than 120,000 men were receiving pensions from shell shock although contemporary

analysis of Ministry of Pensions' documents has suggested this may have been an overstatement (Jones et al., 2002). Despite uncertainty concerning the statistics, it can be said that the amount paid in pension entitlements to men suffering from shell shock was not insubstantial which caused consternation for a government attempting to manage escalating debt by decreased fiscal spending (Mitchell, 2011) and led to pension entitlements for shell shock becoming a target for cost cutting (Parry and Codrington, 1918). This is discussed in the following section.

Accounting for disablement pensions

Pension classification schemes provided a way of measuring war disablement and the ongoing State recompense to which those injured in the service of their country were entitled. This makes them an accounting record (Ezzamel, 2009) and a mechanism of accounting for disablement. In this section we discuss the changes to pension classification and management in the period 1914 to 1923 focusing on impacts on men with shell shock. Prior to 1914, military pensions were a discretionary grant from the British monarch who devolved responsibility for Army pensions to the Army Council for whom practical pension management was handled by the Central Army Pensions Issue Office and Chelsea Hospital Commissioners (Parry and Codrington, 1918). Significant for pension management was that at the outbreak of the First World War, the monarch handed all pension control to the British Government so the outbreak of hostilities marked the first time that the government had been required to undertake military pension management or consider the impact of military pensions on public finance. It is also significant that when military pensions were a discretionary Crown grant, the overriding consideration was to ensure soldiers did not suffer loss of their former living standard due to disablement and accounting records were specifically to demonstrate that pensions were equitable (Parry and Codrington, 1918). In this section we describe the period between the outbreak of war and 1923 as four distinct periods in terms of the approach used by the British Government to disablement pensions.

Period 1: 1914-August 1916

This period was marked by a lack of policy and confusion concerning disablement pension management. When pension responsibility was given to the British Government, it did not have a process for pension determinations. Responsibility for pensions was shared by the Chancellor of the Exchequer, Secretary of War, Treasury, Admiralty (only for Navy pensions), War Office whose delegation was exercised by the Army Council which devolved its authority to the Central Army Pensions Issue Office, Chelsea Hospital Commissioners and Royal Patriotic Fund Corporation, which had been established pre-war to receive private donations given to supplement Royal pension grants. Without clear lines of responsibility, the British Government's response was to continue payment of pensions awarded by Crown grant but not make any new pension awards (Parry and Codrington, 1918).

In November 1914, Opposition politician Hayes Fisher proposed a unified pension system, arguing that men from all levels of society were foregoing current employment to fight as private soldiers so should know they would receive ongoing pension entitlement if unable to resume employment through wartime disablement. This proposal was rejected by the British Government as revolutionary and unnecessarily drastic (United Kingdom, 1914). By May 1915 it became evident to the War Office that to encourage large numbers of men to support the war effort by leaving civilian employment for temporary wartime military service, the British Government must provide disablement pension entitlements equivalent to civilian workers' compensation (Reid, 2010). While this process was being developed, all pension payments were stopped, creating hardship for many veterans and their families (United Kingdom, 1915: , cc2106-16).

The British Government gave the Royal Patriotic Fund Corporation statutory responsibility to determine the pension scheme, assisted by local and district committees to be established in each borough. Committee members were recompensed for administrative expenses from private donations that had been previously

received by the Royal Patriotic Fund Corporation to supplement Crown pension payments (Parry and Codrington, 1918). Donors were not notified that their donations had been applied to this purpose and there was no publicly available accounting record of this expenditure (Parry and Codrington, 1918). The Royal Patriotic Fund Corporation proposed a pension of 25 shillings per week for total disablement and the difference between the pensioner's income from other sources and 25 shillings per week for partial disablement. There was concern that the pension entitlement might be insufficient, requiring local government supplementation (Parry and Codrington, 1918) but due to disagreement among the local committees, this scheme was not implemented so the issue of a sufficient entitlement was not resolved.

Period 2: 1916

This period was marked by the introduction of a government pension scheme applicable to all men disabled through war service. In September 1916, politician Hayes Fisher's political party was in government and he introduced a standard disablement pension scheme. The Ministry of Pensions was established to determine and control Army pensions (Ministry of Pensions, 1919). To allay concerns that physically unfit men would undertake military service for a few months, be discharged as unfit and be awarded a pension for life, the scheme provided that disablement *caused* by military service gave a pension for life whereas disablement of a pre-existing condition *aggravated* by military service gave a pension until a Pension Medical Board comprising three doctors determined the medical condition had returned to its pre-war state. This distinction between disablement caused by or aggravated by war service was only applied to pension determinations for men with shell shock (Ministry of Pensions, 1919: 152). The determination was made following medical discharge from the Army and was not subject to regular review.

In accordance with its official position, the British Army stated in discharge records that shell shock, or its variants such as commotion and hysteria, were exacerbations of pre-existing conditions. Pension determinations were usually based on British Army discharge medical records, though other medical evidence could be referenced (Jones, 2007) so prejudice in the British medical profession against shell shock as a legitimate medical condition plus Army records stating that war service had aggravated a pre-existing condition meant men the outcomes of pension determinations for shell shock symptoms were predictable and did not favour the claimant (Parry and Codrington, 1918). Evidence from the Pensions Appeals Tribunal indicates Pension Medical Boards were inconsistent in their interpretation of Army medical records for men with shell shock symptoms and in their pension determinations (Parry and Codrington, 1918). There was an slow and costly appeal process but it rarely overturned Pension Medical Board decisions (Parry and Codrington, 1918).

As part of the 1916 pension scheme, the Ministry of Pensions established a system based on assessed level of disability. All existing pension holders were re-assessed and re-classified, receiving 100%, 75%, 50%, 25% of 0% of the total disablement pension. The percentage entitlement was determined using detailed descriptors of the type of disablement at each pension payment level. This scheme led to significant cost savings for the British Government since previously, all pensioners had received a full pension entitlement for life (Jones et al., 2002). The Financial Secretary to the War Office expressed concern in Parliament that because pension reviews were based on case notes rather than new medical examinations, men with shell shock might be treated too generously because improvements in their medical condition would not be taken into account, even though the review lowered or terminated most pensions and none was raised (Parry and Codrington, 1918). Termination of a pension made a man ineligible for publicly funded medical treatment and eligible for re-enlistment in the Army. This led to some men with shell shock being returned to front line fighting (War Office Committee of Inquiry into Shell Shock, 1922).

Only men in receipt of full pensions were entitled to medical care funded at public expense. Public concern about the number of men with shell shock no longer eligible for publicly funded medical care and with insufficient means to afford private care led to private money-raising campaigns to fund free private hospitals

for men with shell shock decreasing the total cost of public health care as the number of men treated at public expense decreased, providing an additional cost saving to government (Holden, 1998) but shifting part of the medical cost burden to the private sector. However it improved government health statistics which were based on the number of public patients (Reid, 2010) so gave the impression that public health treatment was curing men with shell shock.

Period 3: 1917-18

This period was marked by express attempts to cut pensions as a mechanism for government cost saving, which caused particular disadvantage to men with shell shock. In 1917, £40,000,000 pounds was spent on disablement pensions (Ministry of Pensions, 1919; Mitchell, 2011) and the Minister of Pensions announced changes expressly stated as controlling escalating disablement pension costs, lessening the number of men on pensions and making more men eligible for recruitment to boost the Army (Parry and Codrington, 1918). All pensions were reviewed using a new scale that set awards at increments of 10 per cent. Hence the level of disability was assessed to be 100%, 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10% or 0%.

The pension classification did not make more men eligible for pensions. Men previously determined to have a disablement of less than 25% who had previously been refused a pension were not eligible to reapply under the new classifications. The new classifications applied solely to men in receipt of a pension at the time the rules changed or who applied for a pension for the first time when the new rules were in force (Parry and Codrington, 1918). Those found to have less than 10 per cent disablement were deemed ineligible for a pension. The British Government stated this was an administrative efficiency and cost saving to prevent men claiming excessive amounts for their disablement, even though claimants had no part in their own pension determination (Parry and Codrington, 1918).

Many pensions for shell shock were lowered following review or revoked (Ministry of Pensions, 1919). The Ministry of Pensions used this as evidence of previous pension over-payment, blaming men receiving pensions for this rather than those who had been responsible for determining the pensions (Minister of Pensions, 1917).

At the same time, other changes were introduced. The British Government attempted to defray the escalating cost of war pensions by shifting the burden back onto the public. The *Naval and Military War Pensions, &c. (Administrative Expenses) Act 1917 c. 14* gave the Minister of Pensions power to accept and administer private donations towards war pensions. These funds were outside Parliament's legal control, making the Minister a private almoner. They were not kept separate from government money and no publicly available accounting for their use was provided (Parry and Codrington, 1918: 116).

To lower the cost of Pension Medical Boards, board membership became a voluntary position boards were established in any regional town with volunteers to staff a local board (Parry and Codrington, 1918). Previously, the only measure of consistency had been achieved because a small pool of doctors staffed a central Pension Medical Board but the plethora of decentralised boards operated independently. An Army officer with a casting vote chaired all pension board hearings, supported by two doctors. This was problematic for men with shell shock because of the Army's stated position against shell shock.

The most significant change was to review the descriptors used for each medical condition and requiring Pension Medical Board to identify a man's most debilitating medical condition then apply the level of pension entitlement consistent with that condition. For shell shock, where symptoms could change and fluctuate in severity over time, this approach was unsatisfactory but it also proved disadvantageous to men with shell shock because the new descriptors favoured those with physical injuries. Under the scheme, if the most debilitating medical condition as determined by a Pension Medical Board was not covered by the descriptors, a pension entitlement was revoked irrespective of other symptoms (Parry and Codrington, 1918).

Simultaneously, the Minister of Pensions stated that all pensions for shell shock would be reviewed because it was neither an illness nor wound but a psychological condition that men could control in all but the most severe cases (Babington, 1997). By 1917, this contradicted prevailing medical opinion which was shifting to recognise shell shock as a legitimate medical condition occasioned by battle trauma, although the extent to which it was physiological or psychological remained subject to dispute (Mott, 1919). However, it accorded with the Army's view of shell shock which remained antagonistic (British Expeditionary Force, 1922). The Minister for Pensions stated that pensions for shell shock were the main target area to achieve cost savings (Parry and Codrington, 1918). In subsequent appeals against decisions that cut or revoked pensions, the Pensions Appeals Tribunal stated it could not consider assertions of inequity in the policy that drove pension changes but could only determine whether the pension rules as they stood had been applied (Parry and Codrington, 1918). Although Parliament and the Pensions Appeals Tribunal stated that many pensions were revoked as a consequence of this review, exact numbers were not provided. Whether this is because they were unavailable or secret is unknown. Similarly the number of men returned to Army service was unstated. However the intention and impact of these pension changes was to simultaneously lower pension payments while increasing fighting strength (Committee of Public Accounts, 1918; Parry and Codrington, 1918). The morality of sending men with shell shock back to the situation that caused their shell shock is beyond our comprehension but it is also beyond the scope of this research. The Chancellor of the Exchequer, Financial Secretary of the War Office and politicians from all parties spoke in Parliament against targeting men with shell shock for pension reduction or revocation to save costs and re-enlisting men with shell shock. Concern was also expressed in Parliament about Army chairmen being under Army direction to destroy medical information of shell shock and override decisions by medical members of a Pension Medical Board that treated men with shell shock sympathetically, (United Kingdom, 1917: , cc1996-2114).

We note that even a full pension could cause financial hardship. For instance, a full disablement pension of 40 shillings per week was less than was earned by an unskilled builder (84 shillings and 6 pence per week), a coal mining labourer (99 shillings and 3 pence per week) and a skilled coal getter (135 shillings and 6 pence per week). Pensions did not increase for dependents and there was no government plan to re-train ex-servicemen or help them return to employment (van Bergen, 2009). The Minister of Pensions refused to review cases of financial hardship or gross inequity that were raised in Parliament, stating that Pension Medical Board decisions were final. This forced many men with shell shock to seek local government relief for financial hardship, shifting the cost burden from national government to local boroughs which varied in their financial capacity and the level of support they could offer (United Kingdom, 1923b: , cc2573-2577). There are many instances of the Minister supporting pension boards despite the hardship or unfairness caused of pension decisions, including cases where men hospitalised with shell shock had pensions revoked and were therefore eligible for re-recruitment into the Army. For example at *HC Deb 19 February 1918 vol 103 cc589-90* and *HC Deb 11 April 1922 vol 153 cc335-81*. The Pensions Appeals Tribunal was only available to those who could afford legal representation. Legislation gave the Minister of Pensions an overriding discretion to change decisions. There are no accounting records of exercise of this discretion in pension cases concerning men with shell shock. If such discretion was ever exercised, the records, if made, have been destroyed or lost. We do not suggest evil intent; many public records were destroyed in the bombing of London during the Second World War.

Period 4: 1919-23

This was the immediate post-war period when Britain sought to cut government spending to manage national debt which rose from £754 million in 1913 to £6,142 million in 1919 (Mitchell, 2011) and disablement pensions were viewed as a lucrative source of funds, losing their construction as a just recompense for men disabled in the service of their country (Jones et al., 2002; Eksteins, 2000). In 1919 British Government policy was to return the currency to a pre-war gold standard, which required reversal of its deficit so post-war fiscal policy was aimed at debt reduction through reduced government spending (Aldcroft, 1973). In this economic climate and with high post-war unemployment, the Minister of Pensions stated that pensions for men with shell shock

would be reviewed as a contribution to fiscal austerity; this led to further lowering most pensions (Jones et al., 2002). Many of these pensions were then revoked by the Treasury, Auditor-General and Committee of Public Affairs even though they did not have legal jurisdiction over pensions (Parry and Codrington, 1918). The British Government supported the revocations as consistent with the need for cost-saving and evidence that Pension Medical Boards had been too lenient with pension determinations for men with shell shock (Committee of Public Accounts, 1918: , para. 10; Parry and Codrington, 1918).

Additional cost savings were achieved through administrative and accounting inefficiencies. Pensions commenced from the date of a pension determination, not the date of discharge, even though it could take months for a pension deliberation to be made (Parry and Codrington, 1918). Whenever pensions were reviewed, all pensions were stopped but when payments recommenced, there was no money for missed pension periods (United Kingdom, 1918: , cc1839-1843). The Minister of Pensions refused to re-open cases that had been subject to appeal, even when inaccurate pension accounting records caused injustice. For instance, on 8 September 1919 H. G. Norton was discharged from the Army with shell shock described as neurasthenia, determined permanently unfit and awarded a 100 per cent pension entitlement. Two months later, the pension was cancelled. Under the pension rules, a successful appeal gave a right to have the pension reviewed. It did not give the right to have a pension reinstated. After successfully appealing through the Pensions Appeals Tribunal, Norton's case was reviewed by a Pension Medical Board on 29 January 1920 which, on the same medical evidence, determined his disability to be 30 per cent. The reviewing board held that on enlistment, his disability was 20 per cent, even though his enlistment records showed no evidence of a disability, he had been found fit for military service without medical impediment by the British Army and was no pre-war medical evidence of a disability. Evidence of his fitness on Army recruitment was dismissed by the Army chairman of the reviewing board, because he determined that Army tests of medical fitness differed from pension tests of medical fitness. No justification for this was provided. The Ministry of Pensions determined that Army service had therefore caused a 10 per cent disability which was too small for a pension but Norton would receive a gratuity of £5. Although pension entitlements increased at intervals of 10 per cent, the Minister determined that these increments applied once there was sufficient disablement for a pension and 10 per cent disablement was insufficient to warrant a pension. The pension ceased but the gratuity was never paid. When this matter was raised in Parliament as a case of improper Ministry of Pensions' accounting, the Minister of Pensions refused to investigate it, arguing it had been reviewed and there was no requirement for the Minister to re-open cases of accounting irregularities (United Kingdom, 1922a). All injustices from inaccurate accounting records that were mentioned in Parliament or raised in a formal appeal pertain to pension entitlements for men with shell shock (Parry and Codrington, 1918; Holden, 1998).

The Minister of Pensions did not believe accounting practices needed to be reviewed despite evidence of their inadequacy (United Kingdom, 1922b). For instance, Lieutenant Verity was discharged from military service as an invalid suffering from tuberculosis. He was awarded a full 100 per cent pension by the Army. However, the Ministry of Pensions paid a 30 per cent disability pension for shell shock. During Parliamentary questioning, the Minister of Pensions refused to review the case because Ministry of Pensions' accounting records stated that Verity had shell shock, despite medical evidence that he had never had shell shock and was still being treated for tuberculosis. On further questioning, the Minister of Pensions reiterated his decision but admitted the Ministry had no record of Verity's disability and that its accounting records were insufficient to determine whether other classification errors has occurred (United Kingdom, 1922b: 1423-1414).

Accounting issues worsened in 1921, when the pension process was split: despite its stated antipathy towards men with shell shock, the Army was made responsible for Army pension determinations while the Ministry of Pensions managed pension payments (Babington, 1997). Simultaneously, the British Government determined that only medical conditions evident within seven years of the date of discharge were eligible for pension entitlement (United Kingdom, 1923a: , cc1548-1549), disadvantaging men with shell shock, the only

pensionable medical condition where symptoms could manifest many years after military service (Johnson and Rows, 1923; Reid, 2010). In 1920, 3,700 pensions were awarded to men with shell shock (United Kingdom, 1920: , cc241-242), rising to 6,900 in 1923 (United Kingdom, 1923a). This may understate the actual number because it only considers pensions for conditions the Ministry of Pensions classified as synonymous with shell shock, such as neurasthenia but it ignores blindness, deafness and similar physical manifestations of the condition.

In 1923 the *War Pensions Acts 1915 to 1921 Amendment Bill 1923* changed the onus of proof in disablement pension cases from the claimant to the Minister of Pensions. At the time, over 250,000 applications by men seeking pensions exclusively attributable to shell shock had been rejected (United Kingdom, 1923b: , cc2573-7). Statistics are unavailable for men who paid for private health care or who received inadequate or no health care because adverse pension determinations precluded them from the public health care system.

The cost and quality of publicly funded medical care to men with shell shock was a political issue in post-war Britain (Aldcroft, 1973): the Minister of Pensions turned it into an administrative issue by stating that the administrative costs of British public health care were four pence per British pound spent on health care, and that these were lower than any other country. He also stated that Britain had been able to keep the cost of public health care for men with shell shock to an average of £20 per man because of the efficiency of the pension entitlement system. The Minister did not respond to Opposition questions about whether avoiding the payment of pensions to men with shell shock was a strategy to minimise health care spending (United Kingdom, 1940: , cc317-424).

Although our research focuses on men with shell shock, British Parliamentary debates and Pension Tribunals Appeals show issues pertaining to pensions for other medical conditions although they are much less frequent than issues pertaining to pensions for shell shock disablement. In the following section, our discussion of the implications for accounting of the disablement pension scheme focuses exclusively on the pension scheme as it applied to men with shell shock.

Discussion

In every War Pension history there comes a time within a few years of war when the new generation desires to get rid of its liabilities (Parry and Codrington, 1918: 51).

In this section we discuss how accounting can transition from a social construct reflecting and/or creating morality to a neutral technical inscription. Of interest is how accounting can be both morally laden and free from morality at the same time. To explain this apparent contradiction, we use the accounting system that supported disablement pensions for men with shell shock sustained during their service in the British Army during the First World War. Our analysis is divided into three parts: how the pension accounting system facilitated the scapegoating of men with shell shock, how the pension accounting system distanced pension decision-makers from the morality of their decisions and how the pension accounting system helped pension decision-makers avoid blame for the decisions they made.

Scapegoating

Pensions of men with shell shock were a target of Ministry of Pensions' cost savings. Reduced and revoked pensions provided cost savings. Revocation had flow-on financial implications: men without pensions were ineligible for public health care. This provided additional cost savings to the British Government. In addition, men whose pensions were revoked were eligible for recall into the British Army, which helped maintain fighting strength. The British Government accepted the British Army's view that the military force with the most men standing after decisive battles would be the ultimate victor (van Bergen, 2009; Brown, 1998). Pension determinations for shell shock were difficult because symptoms did not manifest in the same way in each person. Symptoms could change over time and fluctuate in severity so medical assessments at one point

in time might not represent manifestations of shell shock at a different point in time. If medical conditions changed, pension payments might be expected to change so this goes some way towards explaining why the Ministry of Pensions might have selected pensions for shell shock for regular review but it fails to explain why so many pensions for men with shell shock were reduced when medical evidence showed no improvement in the condition or were revoked. It does not explain why the Minister of Pensions refused to consider cases of injustice, why there were more appeals about pensions for shell shock than any other medical condition or why so many applications for pensions from men with shell shock were rejected. It also fails to explain why accounting classifications for pension determinations failed to include suitable terminology for shell shock conditions when shell shock was the second most frequent cause of Army discharge for disablement (Parry and Codrington, 1918) and even though the pension categories purported to cover every reason for medical discharge (Ministry of Pensions, 1919).

Men with pensions for shell shock conditions became scapegoats for the British Government. The ambiguity associated with their illness meant their pensions were re-assessed more frequently than men with other medical conditions (Holden, 1998; United Kingdom, 1918). When the British medical profession disputed the legitimacy of shell shock, Pension Medical Boards were staffed by doctors but this changed at the same time the medical opinion recognised shell shock as a medical condition so that a British Army officer was given the deciding vote on all Board decisions. At this time, the British Government was concerned about increasing Army recruitment levels to maintain its fighting strength (Brown, 1998). Since the British Army viewed shell shock as a sign of weakness, exacerbation of a pre-existing nervous disposition or cowardice, its involvement in pension decisions meant a significant number of pensions were revoked, particularly for men with shell shock (Parry and Codrington, 1918).

There are always scapegoats in society and they are treated with violence. Violence does not need to be physical: it can take any form including discriminatory treatment if scapegoated are viewed as accessing resources that others want to or should be able to access. (Girard, 1986; Fleming, 2004). Girard observed that in punishing the scapegoats in society, others avoid punishment. In the context of disablement pensions, by targeting men with shell shock for pension reduction, men whose medical conditions were not contentious, such as amputations, were not punished financially by pension cuts.

Girard (1987) examined religious and historical examples of scapegoating to conclude that scapegoats, regardless of their guilt or innocence, are treated with violence so society as a whole may escape it. During the British Government's post-war fiscal tightening, reducing pensions for men with shell shock made the Ministry of Pensions a team player that was meeting government cost-cutting objectives. When the Treasury, Auditor-General and Committee of Public Affairs revoked pensions for men with shell shock they acted outside their jurisdiction yet the decisions were not challenged, suggesting that greater cost-saving from revoked pensions for shell shock would save the British Government money and lessen the severity of other cost-saving measures imposed as the Government sought to lower debt.

The Ministry of Pensions failed to include shell shock in the pension accounting classifications in a way that facilitated pension determinations for men with shell shock, even though there were opportunities to do so when the classification system was reviewed. This suggests men with shell shock were scapegoats of pension system where it was advantageous to retain ambiguity in the classification of their medical condition but it also reflects the use of accounting classifications to make a moral choice about the disabled soldiers whose medical conditions make them worthy of ongoing financial aid via the pension system.

Distancing

Accounting classifications that distance government decision-makers from making moral judgments and turn their decisions into administrative efficiencies can lessen the visibility of inequities that might be apparent if the moral consequences of decision-making were visible. Processes or rules that governments use to distance their decisions or actions from moral consequences have been described as a type of violence perpetrated

against those whom civilising society is supposed to protect (Giroux, 2010; Sumner, 1996). Men suffering from shell shock deserved the protection of society since they had been made vulnerable because they fought to protect that society. The violence perpetrated against them by the Ministry of Pensions was moral rather than physical but moral violence is harder to fight because the process of instigating rules and processes to support government decision-making give the illusion of equity and fairness in that the same rules and processes are applied to all decisions in the same way. The use of rules, processes and tools of classification such as accounting to enable decisions that distance decision-makers from the moral consequences of their decisions has been termed “adiaphorization” (Bauman, 1988). Bauman (1996) adopts the term *adiaphorization* to describe distancing mechanisms that lead to actions or objects being treated as morally neutral so they can be made without moral evaluation. The term *adiaphorism* is taken from Judeo-Christian religion where it refers to things that are neither forbidden nor mandated by religious scriptures and are therefore of indifference to the institution of the church. Bauman (1988) uses the Nazi construction of the Holocaust as an administrative efficiency as an example of adiaphorization that allowed Nazi decision-makers to distance themselves from the morality of decisions and eradicate populations. The Holocaust example shows that even the most extreme actions are rendered neither morally good nor bad by rules or processes that distance decision-makers from the moral consequences of their decisions. In separating decision-makers from the moral consequences of their decisions, it is easier for a government to control outcomes in society by implementation of unfavourable or unpopular decisions (Bauman, 1988).

Bauman (1988) describes moral judgements as disruptions that interfere with the smooth running of government. Hence, government wants processes and rules that separate decisions from their moral consequences so it runs smoothly (Poder and Jacobsen, 2012). Since society want a smooth-running government, adiaphorizing processes are unlikely to be challenged. This does not negate the possibility of dissent within society. Rather, it refers to the widespread disagreement of society.

Bauman recognises three aspects to distancing. First, there must be a system that stretches the relationship between an action and its consequences. The Ministry of Pensions stretched the relationship between action and consequences by requiring Medical Pension Boards to make pension determinations without examining or interviewing the men whose cases they were considering and by limiting pension determinations to a closed set of results so decisions were constrained by accounting classifications of medical conditions. Pension Medical Boards decided which evidence they would consider in making their determination and since the reasons for their decisions were not disclosed, appeals decisions were rare (Parry and Codrington, 1918). Second, the system must be applied to some people, but not others, in a way that avoided moral impulse. Men with amputations and wounds were easy to classify under the pension entitlement system. The location of the primary wound or level of amputation determined the pension entitlement. For instance, men with loss of two limbs received different accounting classifications depending whether their amputations included an arm amputated below the elbow, an arm amputated above the elbow with a stump of more than 6 inches or an arm amputated within six inches of the shoulder. Men whose shell shock made symptom identification problematic and who had a number of symptoms, which is the norm with shell shock (Babington, 1997), were at the mercy of those applying the rigid classification system that at best, would lead to a pension award based on the most debilitating symptom covered by the accounting classifications (van Bergen, 2009). Third, the system must identify specific traits used to classify and separate from moral judgement (Bauman and Donskis, 2013). Since men with shell shock were awarded pensions based on a Pension Medical Board assessment of their most debilitating symptom within pension accounting classification, decision-makers were selecting one symptom based on an incomplete list of shell shock symptoms and using that symptom to determine a pension entitlement. Ministry of Pension decisions were defensible by reference to the accounting classifications but not if pension determinations are considered a moral judgment. The Minister of Pensions defended even the most blatantly unfair pension decisions by stating they were in accordance with the accounting classifications; at no time did he recognise the classifications might need to be expanded, which would have involved moral choices about the validity of shell shock as a medical condition.

Accounting classification provided the tool of adiaphorization that allowed pension decision makers to remove moral judgement from pension determination. By rigid application of the accounting classifications, pension decisions appeared morally neutral despite their bias against men with shell shock. This made it easier for pension decision makers to reduce pensions even though it would cause financial hardship or revoke pensions despite the financial hardship, loss of access to public health care and likelihood a man would be returned to Army service and the conditions that had caused the shell shock. Since accounting classification had turned pension determinations into morally neutral decisions, adiaphorization of pension processes meant there was no outcry when the Treasurer and Auditor-General reduced and revoked pensions to lower government spending, even though both acted *ultra vires* (Parry and Codrington, 1918).

When disablement pensions were introduced, they were compensation to men disabled in the service of their country and a system predicated on ensuring men who left civilian employment were afforded compensation equivalent to compensation available for similar disablement in that employment. In practice, accounting classification made pension determinations an administratively efficient way of managing the ongoing cost to the British Government of men's wartime disablement. Thus, when the Minister of Pensions announced in Parliament that the British Government's pension administrative costs were lower than those of other countries, this was accepted as signalling the Ministry of Pensions was financially efficient and effective. He also claimed administrative costs were lower than those of private charitable institutions even though those institutions were established to provide medical care to men with shell shock refused pensions by the British Government and hence unable to receive public medical care.

Accounting classification enabled decision-makers to distance themselves from the moral consequences of adverse decisions concerning pensions for men with shell shock. The Ministry of pensions needed to use a distancing mechanism such as accounting because it provide a method of blame avoidance for its decisions, particularly the many decisions that were financially deleterious to men with shell shock.

Blaming

Hood has identified that public office-holders seek to deflect or educe blame from unpopular or adverse decisions (Hood, 2002). Extant literature recognises the need for blame avoidance by government to avoid financial risks (Black, 2006). In the regulation of health, blame avoidance has been linked to preservation of the careers of politicians and public servants (Hood et al., 2001). The success of campaigns to raise private donations and opening of private medical facilities for men with shell shock who had been refused pensions or whose pensions had been revoked indicates that there was a substantial level of public sympathy for these men and the likelihood of public resentment towards the British Government for the financial treatment of men with shell shock (Babington, 1997).

Three main strategies have been identified for deflecting or avoiding blame. First, presentational strategies involve argument, spin or stage management and other techniques to shape public impression (Hood, 2007). The Minister of Pensions appears to be careful in his responses to Parliamentary questions, referring always to Pension Medical Board responsibility rather than the Ministry of Pensions in issues concerning pension determinations. Thus, he is seen to be supporting the opinions of medical experts. Second, agency strategies using the complexity of government agency relationships and agency structures to draw complex lines of responsibility so it unclear where a decision was made and rotating staff who may be blamed for a decision so it is unclear who made the decision (Hood et al., 2009). Although from a legislative perspective, the Minister of Pensions was responsible for pension determination, he saw the decision of Pension Medical Boards as final (Ministry of Pensions, 1919; Minister of Pensions, 1917). However, Board members came from the medical profession so their decisions so adverse pension determinations could be constructed as emanating from the medical profession rather than the Ministry of Pensions (Holden, 1998). Third, policy strategies involve implementing routines and processes that minimise individual or institutional liability or blame (Weaver, 1986). The stringent accounting classification of medical conditions used by the Ministry of Pensions provided

a Nuremberg defence: when pension decisions were challenged in Parliament, the Minister of Pension's invariable response was that pension decision-makers were merely following the rules. Following the accounting classifications was so strongly enculturated that when the records of the Ministry of Pension were shown to be incorrect in the case of Lieutenant Verity, they were not corrected. Instead the Minister of Pensions deflected criticism by asserting that the records had been accurately used to make a pension determination consistent with accounting classifications. The strategies for blame avoidance are not necessarily discrete. Hood (2002) would categorise the type of policy automaticity enabled by the accounting classifications as a hybrid between agency and policy strategies and maintaining accounting classifications that facilitated discriminatory scapegoating of men with shell shock as a hybrid of presentational and policy strategies.

Blame avoidance is also avoidance of responsibility (Hood, 2002). Once decision-makers can avoid responsibility for their decisions, distancing mechanisms are more likely to succeed (Folger and Skarlicki, 1998) and so is scapegoating (Douglas, 1995). In the case of pensions for men with shell shock, accounting classification facilitated the distancing of pension decision-makers from the morality of making men with shell shock scapegoats of government cost-cutting and provided a tool that supported blame avoidance by the Minister of Pensions for pension determinations made by the Ministry of Pensions. The role of accounting classification in this process is complex but it is also flexible. By focusing on that flexibility, it provides an example of accounting simultaneously acting as technical inscription while reflecting and creating the morality in which the decisions it supports are made.

Conclusion

The case of disablement pensions for shell shock provides a challenge to interpretations of accounting that might seek to dichotomise its role as technical or morally and socially grounded. In government decision-making, the two often occur simultaneously. During the period covered by our research, the Ministry of Pensions viewed accounting as an expenditure control tool rather than one for decision-making (Ministry of Pensions, 1919). Accounting classification of medical conditions for pension determination purposes provided the illusion of fair and neutral decision-making to the extent that Pension Medical Boards classified medical conditions according to the criteria in the classification schema. However, the failure to include suitable accounting classifications for men with shell shock both in the development of the classifications when they were introduced and in later revisions to the accounting classification when the scheme moved from assessments at 25 per cent increments to 10 per cent increments suggests that problematic classification of shell shock was deliberate. Our discussion on scapegoating, distancing and blaming suggest why this might have served the British Government. Although neutrality in decisions concerning shell shock may have been an illusion, there is no evidence that the classifications were not applied in a neutral and stringent manner to medical conditions from battle wounds or other illnesses associated with trench warfare.

It is arguable that the accounting classifications were applied neutrally to men with shell shock and the problem was not with how they were applied but with classifications themselves. We have refuted this in our discussion of scapegoating but apart from that discussion, determining the level of pension men deserve for various medical conditions occasioned through their war service is always a moral decision by government in that it is determining appropriate recompense for disablement while serving one's country. Distancing separates decision-makers from the morality for the purposes of making their decisions but it does not alter the underlying morality of the choices they are making. Hence, accounting classification that awards or denies pensions, and choices about the level of pension for a particular type of disablement is essentially a moral choice. Thus, irrespective of the level of neutrality in the accounting processes that underpin a government decision, decisions that impact on the social fabric of society such as pension decisions that determine ongoing financial capacity within society, and are often linked to status in society, are always connected to a moral imperative.

While we would not exclude the possibility that private sector accounting can serve as technical inscription while being grounded in moral imperative, particularly in such areas as corporate environmental expenditure, we leave analysis of private sector accounting to future research. From the case of disablement pensions for shell shock, we see that government accounting can serve both as neutral inscription and as a social and moral construct. The significance of this is the challenge it presents for re-framing extant research to make visible a broader role for accounting.

Examination of disablement pensions for men with shell shock from their service in the British Army during the First World War provides a corrective to extant research that might view accounting as a dichotomy that is either a neutral inscription or a social and moral construct. However our analysis is time and context specific so further research will be required to test the conclusions suggested by this illustrative example suggests. We recognise that the role of government and the use by governments of accounting information have changed significantly since the First World War so further research of the accounting issues raised in this research may require re-design to take into account features of contemporary government and contemporary public sector accounting. The view expressed in this research is that government accounting is often broader and can provide both a neutral inscription and meet a moral imperative. Although not viewing this flexibility and adaptability of accounting as exclusively the province of government accounting, we do consider the complex nature of accounting in government lends itself to a broad role for accounting. Although the disablement pensions example we use came from a time when government accounting was for the purposes of expenditure control, moral imperatives need not be stated to exist: we would contend that fiscal spending is always underpinned in morality because it involves choices that can vary in their benefit to society and/or individuals in that society.

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¹ Extract from *Mental Cases* by Wilfred Owen. Owen served in the British Army during the First World War. He was hospitalised with shell shock. *Mental Cases*, originally titled *The Deranged* and written in 1918, is part description and part propaganda document on the horror of shell shock.