Contextualizing Disability: A Century of Library of Congress Subject Headings

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Abstract

The interconnection of language and societal context is demonstrated through the Library of Congress Subject Headings surrounding disability. This study examines and compares how language encapsulates contemporary understandings of disability in the second edition (1919) and eighth edition (1975). Created and published during the so-called “Progressive Era,” the second edition emphasizes Victorian beliefs in the correspondence of morality with participation in the labour force and genetic fitness (i.e., conformity to physical and psychological norms). The language of this context further marginalized persons with disabilities. In contrast, the eighth edition marks the growing respect for and autonomy of people with disabilities, with language related to the civil rights movement, medical advances, and the replacement of ableist terms such as “Deaf and dumb” with neutral terms or self-definitions, such as “Deaf.” This evolution demonstrates the positive effects when we as librarians accept our social responsibility to eschew marginalizing language and instead use language that affirms minority identities.

Keywords: Subject indexing; Library of Congress Subject Headings; Disability studies; History of Disability; Social justice

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Introduction

Language and behaviour both reflect and influence each other. The relevance of this is felt especially within disability studies, where the “politics of language... how people want to be referred to if their disability is being referenced” interrelates with the historical struggle for improving disability rights (Sauder, 2015, para. 2). In the Western world, language describing the disabled community first derived from those external to it, through medical, legal, and religious perspectives. The events of the last century, interacting with changing attitudes in society and medicine, have enabled the formation and self-advocacy of a Disabled community. This empowerment effected a change in the language surrounding disability visible through the Library of Congress Subject Headings (LCSH).

The LCSH are particularly suited for tracking the evolution of disability in the English language through this past century for several reasons. First, the publication of LCSH spans the period of interest from the late Industrial era in 1898, when the first edition was created by the Library of Congress (LC), to the current day. Its frequent updates, augmented through commentary by its users, provide an expansive view of disability language in the past century. Second, the LC cataloguers (predominantly white and middle-class) both create and perpetuate the language of authority (Adler et al., 2017). As the rights of historically marginalized groups have improved, so has their authority over the language used to describe them. Libraries are historically resistant to change. If such a conservative institution as the LC must accept the currency of a term, it clearly has traction elsewhere. Third, while the LC may demonstrate a regional or national bias as much as other dictionary catalogues in continuously having one of the

largest collections of both domestic and international works in the English language, it may have a more global perspective on concepts that both emerged from and enabled its use worldwide.

Fourth, the influence of Cutter's (1976) seminal work *Rules for a Dictionary Catalogue* ensured the LCSH developed with an explicitly relational, syndetic structure (Stone, 2000). All language and its artifacts imply relations between terms, but these are poorly defined and require some analysis in ordinary dictionaries. For example, the Oxford English Dictionary defines disability as "a physical or mental condition that limits a person's movements, sense, or activities", which categorizes disability as a condition and characterizes its relation to persons as one of limitation (2021). In contrast, the LCSH has developed clearly defined terms to explicate the nature of relations between vocabulary words, that enable us to locate the meaning of a word within a nexus of relationships.

As tracking the changes in LCSH terms for disability across all editions is beyond the scope of this study, I will instead look at two significant editions. I will use the second edition of the LCSH, produced in 1919, to benchmark attitudes during the creation of the LCSH. Some might argue the first edition to be a more natural choice for this purpose, however, as the first edition, it was something of an experiment. Publication and distribution of the first LCSH catalog under the title *Subject Headings Used in the Dictionary Catalogues of the Library of Congress* occurred piecemeal between the summer of 1909 and was completed in March 1914 (Stone, 2000). The second edition encodes similar social concepts as the first, but the format is better developed, and it was published in 1919 as a single volume.

The eighth edition was selected to assess changes in the treatment of LCSH throughout this century for two reasons: first, it corresponds to a point approximately halfway between the second edition in 1919 and the most current edition at the time when this paper was written in 2020. More significantly though, the eighth edition is the first edition of the LCSH published after the appearance of Sanford Berman's seminal work, *Prejudices and Antipathies: A Tract on the LC Subject Heads Concerning People*, in 1971, and enables us to assess if Berman's work had any immediate effect on the LCSH (it didn't). Using the 1919 and 1975 editions of the LCSH, we will track the changes in our social attitudes towards disability through the LCSH in this past century and consider what changes we may make (in both society and its language) for the century to come.

Second Edition, 1919: Victorian Influences and the End of the Progressive Era

The LCSH originated when the LC began adding to the American Library Association's (ALA) List of Subject Headings for Use in Dictionary Catalogs published in 1895. An ALA community "clamoring for greater standardization as well as more cooperative cataloging" met their production of a catalogue Card Distribution Service in the early first decade of the 1900s with enthusiasm and, through 1909 to 1914, the first edition was printed in parts and released (Stone, 2000, p. 2). The second edition was released in 1919.

The 1919 LCSH surrounds disability with many associations that are now unfamiliar. In fact, the word "disability"—though existing since 1545 and used in an official context by the United States government, who gave "disability ratings" to

determine pensions for injured Union soldiers after the Civil War— does not appear at all in this edition (OED, 2021; Linker, 2013). Neither does the word “disabled,” in either its adjectival form, dating back to 1633, or as the proper noun adopted by the Disabled community (OED, 2021). In fact, the closest the second edition of the LCSH comes to comprehensive terms for the “disabled” are “Defective and delinquent classes,” which cross-references familiar (though now pejorative) indicators for disabling conditions, including: “Blind,” “Cripples,” “Deaf and Dumb,” “Epileptics,” and “Insanity.” Yet alongside these seemingly plausible terms comes a brow-raising miscellany: “Children, Abnormal and backward; Crime and criminals; ... Deformities; Degeneration; Education and crime; ... Feeble-minded; Idiocy; Imbecility; Inefficiency; Intellectual; ... Juvenile delinquency; Reformatories; Sterilization of criminals and defectives; Vice.” While this nexus of associations may not seem credible to us, they enmesh disability in the historical context.

The word “defective” came into use at the turn of the twentieth century to signify disabled persons, as a result of the eugenics movement (Linker, 2013, p.504). “Extrapolating from Mendelian laws of inheritance and Darwin’s theory of evolution,” society became concerned about the risk of “genetically unfit parents,” viz. defectives, “passing on undesirable characteristics” (Conrad, 2020, p. 89). A film validating a surgeon’s refusal to treat a child born with congenital syphilis ran in 1917, lauded by Helen Keller and advertised with the motto “Kill Defectives, Save the Nation” (Conrad, 2020, p. 90). These were the educated beliefs of the time. Even disability studies scholar Longmore, as quoted in Baynton, reminds us that “most German doctors during the Nazi era,” ten years later, “were also ‘well-intentioned, even compassionate men’

who acted according to widely shared values to relieve disabled people of ‘burdensome lives’” (2004, p. 287). For these reasons, we find the alarming cross-reference from “Eugenics” to “Deaf and dumb—marriage.”

Stranger yet seems the reference from “Asylums” to “Sterilization of Criminals and Defectives,” as the latter heading juxtaposes disability and criminality. In this era of capitalism and biological determinism, however, the two corresponded closely. In the Industrial Age, and particularly for the Victorians, work becomes a moral imperative, and as in every age, wealth excused “deviance” of all kinds (physical or ethical). The theories of Adam Smith that grounded capitalism “punished individuals who could not support themselves, condemning many people with disabilities to the social role of parasite” (Lacom, 2005, p. 547). Ideologies of self-sufficiency in religious tracts connotated unemployment with immorality. The laws of the 1800s actualized this social concern for the unemployed through barbaric legislation. Where previously begging or busking were valid occupations for the disabled, the 1834 Poor Law Amendment Act in Britain condemned those who could not support themselves (principally “those categorized as old, infirm, or imbecile”) to the prison-like workhouses (Lacom, 2005, p. 549). These tendencies perdured into Progressive Era America with an “effort to distinguish between the worthy and unworthy disabled... based on class and the ability to labor” alongside the implementation of “ugly laws”, “prohibiting ‘unsightly’ persons from the streets...whose vagrancy and deformities threatened...middle-class sensibilities” (Linker, 2013, p. 524). Medical studies, such as the “widely published Kallikak Study (1912) by Henry Goddard,” supported these social attitudes with “theses that crime, pauperism, prostitution, and alcoholism are attributable to heredity, with

mental retardation being the principle [sic] factor” (Winzer, 1993, as quoted in Conrad, 2020, p. 89).

Yet working alongside this moral disapprobation of disability through the 18th to 20th centuries was “a growing philosophical interest into human nature, identity, and the mind,” guiding “the study of education” that reflects in the multitude of cross-references between “defective” classes and education in the second edition of the LCSH (Conrad, 2020, p. 88). By 1919, vocational education was well-established for the “predictably impaired”: those with sensory disabilities (Linker, 2013, p. 526; Spaulding & Pratt, 2015). Among the more famous institutions numbered are the Perkins Institution, founded 1832 by Howe, which became the Perkins School for the Blind, and the Connecticut Asylum, founded 1856 by Gallaudet, Clerc, and Cogswell, which evolved into Gallaudet University, a current major centre of Deaf culture (Spaulding & Pratt, 2015). This greater acceptance and understanding of blindness reflects in the range of LCSH that existed for these subjects in 1919, not only “Asylums and education,” but for the Blind: “Biography”; “Employment;” “Books for the;” “Libraries for the;” “Music for the;” “Poetry for the.”

Educational institutions for those with intellectual and developmental disabilities (IDD) followed, largely due in the States to the reformatory efforts of Dorothea Dix in the 1840s, who, “appalled by her first observations of ‘criminals, retarded individuals, and the mentally ill’ being housed together in deplorable conditions... systematically visited jails and almshouses across Massachusetts” (Spaulding & Pratt, 2015, p. 95). So while the second edition of the LCSH clearly shows an association between criminality and disability persisted into the 1900s, it also displays a terminology which, while still

offensive, helped develop greater understanding of IDD. Hospital records from the 1860s distinguish “imbeciles,” who were “potentially teachable,” from “idiots,” revealing that persons with “IDD were beginning to be understood as a spectrum” (Conrad, 2020, p. 88). These LCSH also bear the uneasy mixing of the medical, legal, and social interpretations of disabling conditions. While the British and American legal tradition had distinguished ‘lunacy’ (conditions resembling psychiatric diagnoses) from “idiocy” as early as the 1600s (in that lunatics should retain property rights in case of recovery), these LCSH show an association between “Insanity” and “Idiocy” by way of “Feeble-mindedness.”

The miscellany of other associations of the 1919 LCSH for conditions resembling psychiatric diagnoses ranges from the laughable to the offensive in how little they relate to our modern understanding of mental illness. The Romantic correspondence between genius and madness, popularized by middle-to-upper class influencers like the “mad, bad, and dangerous to know” Lord Byron, doubtless necessitated cross-references to “Authors, Insane” and “Genius.” There was also a traditional understanding of “Insanity” as a transitory or periodic condition, and from philosophers like Locke, as one where persons do not lose “the Faculty of Reasoning: but...argue right from wrong Principles” (Conrad, 2020, p. 86). This may also have allowed it to serve as a “catch-all” for poorly understood illnesses such as “Epilepsy” and “Dementia.” However innocuous these associations may have been for the socially affluent though, other correspondences with “Insanity” were used to mark the stigma surrounding both already marginalized social groups and mental illness. For these reasons, we find under “Insanity” “Nymphomania” (but not the male equivalent, satyriasis, which apparently was viewed

as less of an issue) and “Hysteria,” reflective of Victorian anxieties around female sexuality. We also find the racist term “Negroes” for which there is a clear example of how societal contempt and ignorance used the imputation of mental illness to further discredit vulnerable persons. In 1916 Junius Wilson, an African American man, “was falsely accused of rape and sent to a mental hospital because—unable to articulate vocally—he appeared insane to the all-white, all-male ‘lunacy jury.’ ... Not until 1970 did hospital officials recognize that Wilson was merely deaf” (Linker, 2013, pp. 523-4).

The medical understanding and social attitudes conveyed by these headings would persist until social changes effected by the Second World War triggered a wave of social justice activism lasting for decades afterwards. While involuntary sterilization of persons with disabilities would continue in the States and most of the Western world until the 1970s, its popularity decreased in reaction to the atrocities committed by Nazi Germany for the purposes of eugenics (Rowlands & Jean-Jacques, 2017; Conrad, 2020). Conscientious objectors to the war staffed asylums during the labour shortages caused by conscription. They, joined with other Civilian Public Service teams, formed the National Mental Health Foundation in 1946 and publicized the conditions and treatment in these facilities (Conrad, 2020, p. 91). The public standing and sheer numbers of the veterans who “returned home with both physical disabilities and emotional disturbances” improved acceptance of disability (Conrad, 2020, p. 90).

In addition to these changing circumstances, two U.S. presidents altered public perception of disabilities and the disabled in very different ways. A polio survivor, Franklin D. Roosevelt, served from 1933 to his death and the war’s end in 1945. While Roosevelt concealed his disability with aid of family and staff, “literally millions of people

witnessed his laborious public efforts to walk, knew of his handicap ... and yet never perceived him as being in any major sense disabled” (Longmore, 2003, p. 48). When questioned on “the effect of her husband’s ‘illness’ on his ‘mentality’”—a valid concern by the Progressive Era science that linked criminality and disability in the LCSH—Eleanor responded that “Anyone who has gone through great suffering is bound to have a greater sympathy and understanding of the problems of mankind” (Longmore, 2003, p. 48). To Roosevelt’s example of disabled leadership, John F. Kennedy added explicit advocacy on behalf of his sister Rosemary, who had IDD. Where families once disavowed disabled relations (who, as suggested by the 1919 LCSH, would otherwise signal their genetic and social unfitness), Kennedy’s sister Eunice affirmed that “‘mental retardation can happen in any family,’” that “‘it has happened in the families of the poor and rich, of governors, senators, Nobel prize winners, doctors, lawyers, writers, men of genius, presidents of corporations—the president of the United States’” (Nielsen, 2012, p. 143). These changes in public perception of disability and the coming Civil Rights movement would prove essential to the language of the modern LCSH. They would ground both critiques of the LCSH by a new generation of librarians and the formation of a positive Disability identity.

Eighth Edition, 1975: Civil Rights, Disability Rights

Unfortunately, despite the more progressive attitudes evolving in America, cataloguers perpetuated the “framework of late Victorianism” we saw in the second edition into the eighth edition and its supplements, on which Berman bases his critiques in his 1971 tract “Prejudices and Antipathies.” He identified LCSH implying inferiority among marginalized groups, including persons with disability. For example, he objected to

headings like “Deaf as authors” or “Deaf as athletes” since “the ‘as’ necessarily implies that the occupation that follows is somehow odd, uncommon, or unfitting.” As he drily points out, “there are no intelligent grounds for assuming that deafness per se is likely to blunt one’s literary or creative potential” or why a deaf person “cannot be expected to run, jump, or swim as well as anyone else” (Berman, 1993, pp. 49-50).

Berman additionally recognized associations and terms that had become obsolete or developed negative connotations. Institutions—a term connate with education and state support—was to replace the Dickensian “Asylums,” with its relation to “Charities” and “Dependency.” The classification of “Epilepsy” under “Idiocy” was to be abandoned. As “popular usage” had assigned “Idiocy” itself “an unscientific, derogatory significance,” Berman argued to replace the term with “Mental retardation” or “Mental subnormality.” The latter term cohered with the World Health Organization’s (WHO) replacement of the older terms “idiot, imbecile, and moron” to describe persons “with IQ in the ranges of 0-30, 30-50, and 50-70” with the nomenclature “mild, moderate, and severe subnormality” (Berman, 1993, p. 175).

Berman also advocated against the stigma attached to mental illness, and the attribution of mental illness as a means to compound discrimination against already marginalized groups. Between 1919 and 1966, “Homosexuality” had appeared in the LCSH under “Sexual perversion”; Berman argues against this classification on the grounds that “Psychologists are fast agreeing that sexual deviance is not the manifestation of a diseased mind” (p. 152). Mental illness was also to be decoupled from criminality. Berman argued “Insanity” was a legal term used in specific instances when there was “the need to prove criminal capacity... or liability under contract”; by

using it interchangeably with mental illness, the LCSH “reinforce[d] the public stereotype that there is a positive and logical connection between mental illness and crime or ... unpredictable acts of violence” when studies showed “just the reverse is true” (p. 182). He also considered the use of “insanity” as a synonym for mental illness – to say nothing of its cross-reference with “Lunacy”—to give it “an aura of mystification” recalling “now discredited terms” like “‘lunatic’ and ‘madness’” (Berman, 1993, p. 182). Unremarked are the numerous linkages between disability and eugenics.

Unfortunately, whether due to conservatism on the part of LC, or practicality (perhaps finding aids that used “mental illness” rather than insanity were not intuitive to generations that categorized psychiatric disorders as the latter), few of Berman’s suggestions can be marked in the 1975 eighth edition of the LCSH. “Asylums” remained, but its cross-references to “Blind—Asylums and Education,” “Deaf and dumb—Asylums and Education,” and “Insane Hospitals” had been replaced with “Blind—Institutional care,” “Deaf—Institutional care,” and “Psychiatric hospitals.” The “Deaf as” headings persisted. “Idiocy” remained with a “See also” reference to “Epilepsy,” but the sole “See Mentally Handicapped” note under “Imbecility” suggests the former was slowly replacing the latter. Lunacy remained as in the second edition, but the eighth edition discriminated that under Insanity were entered “works on the legal assessment of mental disorders,” while “popular works and works on regional or social aspects of Mental Disorders are entered under Mental Illness,” “systemic descriptions” under “Psychology,” and “clinical aspects ... including therapy, ... under Psychiatry.” Yet if we had hoped this indicated the decoupling of mental illness and criminality recommended by Berman, we would be mistaken. The heading “Mentally handicapped

and crime” preserved this association with the contemporary socially acceptable terminology.

For all the faults present in the 1975 LCSH though, its vocabulary displays subtle signs of progress. “Defective and delinquent classes” remained—but the note to “See Delinquents; Handicapped,” did suggest a distinction between the two categories. The societal replacement of “Defective” with “Handicap” was also a value judgement. “Defective” was, then and now, a word frequently applied to flawed objects (i.e., gears) to be discarded and replaced; a logic connate with Victorian industry that demanded “technologically useful bodies” (Lacom, 2005, p, 548). “Handicap,” derived from the practice in horse racing of assigning the superior horse additional weight, gestures towards enduring Christian beliefs that living with affliction represents an especial grace—an attitude that has perhaps encouraged modern inspiration porn (Online Etymological Dictionary, n.d.).

The language to describe disability also expanded between the 1919 and 1975 catalogues, in part because the LCSH increased the number and specificity of headings for all topics, doubling in size from 1315 to 2130 pages. However, the added and expanded disability headings also reflect an improved social and medical understanding of disabling conditions. “Architecture and the handicapped,” for example, testifies to growing acceptance of the social model of disability, that “‘handicaps’ result from the interaction of individuals with the social and built environment” (Longmore, 2003, p.49). Deinstitutionalisation and the work of activists like Ed Roberts encouraged the formation of an “Independent Living Movement” to enable persons with disabilities to fully

participate in the community; this in turn encouraged legislation like the Architectural Barriers Act in 1968 (Brown, 2009, pp. 477-478).

Headings also entered the catalogue to specify a broader range of diagnoses, including “Autism” (once confounded with “feeble-mindedness” or schizophrenia), “Cerebral Palsy” (previously linked closer to more general forms of paralysis from birth, regardless of cause, or confused with poliomyelitis), and “Down’s Syndrome” (Wolff, 2004 Panteliadis et al, 2012). Diagnoses have operated through the medical model to frame disability as a “source of suffering in the individual” and distract from limitations created by social barriers (Sauder, 2015). However, these more expansive LCSH may also reflect an improved ability of physicians to distinguish between similar conditions and develop accurate treatment; beneficial given that frankly, “some people with disabilities are sick, diseased, and ill” (Susan Wendell, quoted by Linker, 2013, p. 525). Also, while labels may other, they may additionally ground a sense of individual and collective identity. Recognition of autism as a distinct syndrome and the widespread acceptance of this fact, mirrored through the LCSH, would be necessary for the development of the modern Autistic identity later.

In the 1975 LCSH though, Deaf identity and culture had an immediate triumph, signalled through the change of 1919 heading “Deaf and dumb” to simply “Deaf.” Throughout the 19th and early 20th century, oralists had “condemned sign language as disorderly, irrational gesticulation” and eugenicists such as Alexander Graham Bell (supported by his deaf wife!) and Samuel Gridley Howe “opposed... even social intercourse” among the Deaf, lest it lead to marriages and the “Formation of a Deaf Variety of the Human Race” (Longmore, 2003, pp. 44-45). As the former students of

repressive Progressive Era deaf residential schools matured and social and pedagogical attitudes changed, Deaf identity was no longer defined by oralist biases, and “dumb” was dropped from the heading. “Deaf” also does not appear under “Handicapped,” as “Deaf and Dumb” once did under “Defective and delinquent classes”—a triumph for Deaf organizations, who from the start had “emphasized their separateness as a linguistic community” (Nielsen, 2012, p. 136).

The exclusion of “Deaf” (as well as “Blind”) from references under the 1975 LCSH umbrella term for persons with disabilities, “Handicapped,” has another significance though—as does the absence of a general category for disabilities in the 1919 and 1975 LCSH. This is because “disability is not a homogenous or monolithic class” and “disability groups have typically formed around disability-specific categories and often competed for scarce material resources” (Longmore, 2003, p. 109). For example, during the Great Depression, historian Susan Burch suggests “some deaf leaders ‘thought they could reject the stigma of disability’ by ‘rejecting overtures from disabled activists’” (Nielsen, 2012, p. 136). The American Coalition of Citizens with Disabilities (ACCD) pioneered cross-disability activism in protesting the government’s failure to enforce Section 504 of the 1973 *Rehabilitation Act*. It “mandated ‘no otherwise qualified handicapped individual... shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance’” (Longmore, 2003, p. 105). Until then, a protestor explained, “‘we had blind organizations, organizations for deaf people, for wheelchair users, for people with spinal bifida, or people with mental retardation’” (Longmore, 2003, p. 110). After the 1977 sit-in, there existed a more “universalistic approach to disability rights,” a

recognition that “all people with ‘disabilities’, whatever their particular conditions, confronted a common set of stigmatizing standards and social hazards” (Longmore, 2003, p. 110). It is this expansive understanding of ‘disability’ that contextualizes the headings “People with disabilities” and “Disabilities” in our current catalogue.

Forty-Second Edition, 2020: Conclusion, the Modern Catalogue

Social attitudes have changed throughout the last century, in response to major events and progress in medical science, and this evolution is reflected in the language we use to describe disability within the LCSH. In 2002, the heading “Handicapped” was revised to “People with disabilities,” “in accord with the terminology used in the Americans with Disabilities Act... as well as with principle of putting people first” (Barbara Tillett, as quoted by Adler et al., 2017, p. 128). While people-first language “signals an awareness that people are not defined by a disability,” a significant number of people with disabilities prefer identity-first language. “Disabled person” frames disability as integral to the person’s identity, where person with a disability implies it as accessory (Liebowitz, 2015). Owning oneself as “disabled” may also be a political act—a public repudiation of the continuing stigma against the disabled, and an act of solidarity with the social model of disability. However, as Sauder explains, “the language around how to describe disability changes often” (2015). As laughably obsolete and inaccurate as the 1919 LCSH now seems, perhaps current language practices marked in our forty-second edition—such as use of people-first language, or exclusion of the term “neurodivergence”—will be seen as regressive by the more enlightened society of a hundred years hence. But like Berman, we can do for our successors what his predecessors did not. Instead of “reproducing marginalizing... discourses” about the

disabled or other vulnerable minorities, we can work with them to make a more equitable society through more equitable language (Adler, 2017, p.117).

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Appendix

The following is a sample of comparative terms gleaned from their respective editions of the LCSH. Lists of associated subheadings and references have been truncated, with inclusion based on relevance to this article. Please note that correspondences of terms are not exact: as previously established, language changes over time.

1919: 2nd Edition	1975: 8 th Edition	2020: 42 nd Edition
Abbreviations/Annotations		
	sa (see also): Indicates a reference to a related or subordinate topic x (see from): Indicates a reference from an expression not itself used as a heading xx (see also from): Indicates a related heading from which a sa reference is made – : Subdivision (LoC 1975, vi)	USE: References made from an unauthorized or nonpreferred term to an authorized or preferred heading UF: Used for, references under preferred heading to unused term BT: Broader term. A class of which the heading is a member; reciprocal of NT. NT: Narrower term. Headings that belong to the class represented by the current heading; reciprocal of BT RT: Related term. Indicates association between two headings –: Subdivision (LoC 2020, ix-xiii)
Terms		
Asylums See also Almshouses and workhouses; Blind– <i>Asylums and education</i> ; Charities; Deaf and dumb– <i>Asylums and education</i> ; Incurables– <i>Hospitals and asylums</i> ; Inebriates– <i>Hospitals and asylums</i> ; Insane hospitals; Poor; also subdivision	Asylums (<i>Indirect</i>) sa Alcoholics–Hospitals and asylums Almshouses Blind–Institutional care Deaf–Institutional care Incurables–Hospitals and asylums Poor	Asylums (<i>May Subd Geog</i>) UF Benevolent institutions Charitable institutions Homes (Institutions) BT Charities Public institutions Public welfare NT Almshouses

<i>Benevolent and moral institution and societies...</i>	<i>subdivision</i> Benevolent and moral institutions and societies... x Charitable institutions Homes (Institutions) xx Charities Public Welfare	Blind-Institutional care Deaf-Institutional care Psychiatric hospitals
Blind. See also Blind-deaf : Musicians, Blind	Blind (<i>Direct</i>) (<i>Charities, HV1571-2349</i>) sa Blind-deaf Church work with the blind Missions to the blind Musicians, Blind Visually handicapped xx Physically handicapped Visually handicapped – Asylums See Blind– Institutional care – Biography – Education (<i>Direct</i>) sa Blind-deaf– Education Blind– Rehabilitation x Education of the blind – – Reading See Blind–Printing and writing systems – Employment – Institutional care (<i>Direct</i>) x Charities Public welfare – Intelligence – Travel sa Guide dogs	Blind (<i>May Subd Geog</i>) (<i>HV1571-HV2349 (Social welfare)</i>) UF Blind people Blindness–Patients BT People with visual disabilities RT Deafblind people NT Church work with the blind – Asylums USE Blind– Institutional care – Institutional care (<i>May subd geog</i>) UF Benevolent institutions Charitable institutions Homes (Institutions) BT Asylums Blind–Services for the – Intelligence levels – Printing and writing systems – Rehabilitation BT Blind–Services for
Blind – Asylums and education. – Biography – Employment – Printing and writing systems		

Blind, Books for the.	Blind, Books for the sa Blind, Bibles for the Sight-saving books Talking books x Braille books – Cataloging	Blind – Books and reading (May Subd Geog) UF Blind, Books for the [Former heading] Books for the blind NT Bibles for the blind Braille books Cataloging of books for the blind Talking books
Blind, Libraries for the.	Blind, Libraries for the xx Institution libraries	
Blind, Music for the. See <i>also</i> Braille music- notation.	Blind, Music for the sa Braille music-notation xx Music	Blind (<i>May Subd Geog</i>) NT Music for the blind
Blind, Poetry for the.	Blind, Poetry for the	Blind, Poetry for the
Defective and delinquent classes HV HQ1036-1043 (Marriage) See <i>also</i> Blind; Children, Abnormal and backward; Crime and criminals; Cripples; Deaf and dumb; Deformities; Degeneration; Education and crime; Epileptics; Feeble-minded; Idiocy; Imbecility; Inefficiency, Intellectual; Insanity; Juvenile delinquency; Reformatories; Sterilization of criminals and defectives; Vice	Defective and delinquent classes See Delinquents Handicapped Delinquents (Direct) sa Castration of criminals and defectives Crime and criminals Degeneration Heredity, Human Idiocy Inefficiency, Intellectual Insanity xx Handicapped Social problems Handicapped (Direct) sa Invalids Mentally handicapped Physically handicapped	People with disabilities (May Subd Geog) [HV1551-HV3024] UF Cripples [<i>Former heading</i>] Disabled Handicapped [<i>Former heading</i>] BT Persons RT Disabilities NT Disabled veterans Discrimination against people with disabilities Libraries and people with disabilities Library employees with disabilities Medical personnel with disabilities – Abuse of (<i>May Subd Geog</i>) UF Disability abuse

	<p>Sick Socially handicapped Veterans, Disabled x Disabled –Employment –Personal narratives –Rehabilitation</p>	<p>– Care (<i>May Subd Geog</i>) NT Life care planning – Marriage BT Marriage – Rehabilitation</p>
<p>Deformities QM691-9 (Human anatomy) GN68-69.8 (Somatic anthropology) Under this heading are entered works on human monsters as well as on malformations. See also Medicine and art; Monsters;... Siamese twins;</p>	<p>Deformities (Human anatomy, QM691-9; Somatic anthropology, GN68-69.8) sa Dwarfs Giants Monsters Siamese twins x Abnormalities Freaks Human curiosities</p>	<p>Abnormalities, Human (<i>May Subd Geog</i>) [QM690-QM695 (<i>Human teratology</i>)] [RG626-RG629 (<i>Obstetrics</i>)] UF Deformities [<i>Former heading</i>] BT Pathology NT Conjoined twins Giants</p>
<p>Eugenics HQ750-799 See also Consanguinity; Deaf and dumb–Marriage; Degeneration; Heredity</p>	<p>Eugenics (<i>HQ750-799</i>) sa Birth control Consanguinity Deaf–Marriage Degeneration Heredity, Human Mentally handicapped- Marriage Premarital examinations Sterilization of criminals and defectives x Race improvement</p>	<p>Eugenics (<i>May Subd Geog</i>) [HQ750-HQ755.5] UF Race improvement RT Involuntary sterilization NT Degeneration Heredity, Human</p>
<p>Idiocy. RC630 HV3004-8 (Charities) HV891-901 (Children) See also Children, Abnormal and backward; Cretinism; Defective and delinquent classes; Epilepsy; Feeble-</p>	<p>Idiocy (<i>Indirect</i>) (<i>RC571; Charities, HV3004-8; Children HV891-901</i>) sa Cretinism Epilepsy Insanity x Idiots xx Delinquents</p>	<p>Intellectual disability (<i>May Subd Geog</i>) [HV3004-HV3008 (<i>Social welfare</i>)] [RC569.7-RC574 (<i>General</i>)] [RJ506.M4 (<i>Pediatrics</i>)]</p>

<p>minded; Idiot asylums; Imbecility; Insanity</p>	<p>Mentally handicapped Psychology, Pathological</p>	<p>UF Idiocy [<i>Former heading</i>] Mental deficiency [<i>Former heading</i>] Mental retardation [<i>Former heading</i>] RT People with mental disabilities NT Down Syndrome</p>
<p>Insanity. RC321-358; RC435-630 HV6133 (Insanity and crime) HV4977 (Insanity and degeneration) BF423 (Insanity and genius) <i>See also</i> Authors, Insane; Dementia; Epilepsy; Feeble-minded; Fixed ideas; Genius; ... Hysteria; Idiocy; Imbecility...Melancholia; ... Nymphomania; ... Psychology, Pathological. – Jurisprudence <i>See also</i> Responsibility, Legal. – Laws and legislation</p>	<p>Insanity (<i>Indirect</i>) (<i>Insanity and crime</i>, HV6133; <i>Insanity and degeneration</i>, HV4977; <i>Insanity and genius</i>, BF423). Here are entered works on the legal aspects of mental disorders. Popular works and works on regional or social aspects of mental disorders are entered under Mental illness. Systematic descriptions of mental disorders are entered under Psychology, Pathological. Works on clinical aspects of mental disorders, including therapy, are entered under Psychiatry. sa Dementia Depression, mental Epilepsy Idiocy Psychological, Pathological x Genius and insanity Lunacy Madness xx Brain–Diseases Degeneration Delinquents</p>	<p>Insanity USE Insanity (Law) Insanity (Law) (<i>May Subd Geog</i>) Here are entered works on the legal standard whereby persons with severe mental disorders are prevented from having legal capacity and are excused from criminal or civil responsibility. UF Criminal insanity Insanity (<i>Former heading</i>) Insanity (Jurisprudence) Lunacy (Law)</p>

	Manic-depressive psychoses Mental illness –Jurisprudence sa Insane, Criminal and dangerous Moral Insanity	
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