

Treatment of words for illness and disability in monolingual English dictionaries

Norri, Juhani

Abstract

The article examines the treatment of twenty-five words for illness and disability in twenty monolingual English dictionaries. The selection of works examined includes learners', collegiate, and general-purpose dictionaries, both British and American. The analysis focusses on the indications of offensiveness, if any, that lexicographers have included in the entries. The lexemes studied have fallen out of favour in recent decades (e.g. *handicapped*, *midget*, *retard*, *retarded*, *spastic*) or do not follow the principles of person-first language, in particular the recommendation that patients should not be named after their conditions (e.g. *infirm*, *lunatic*, *paralytic*, *syphilitic* as nouns). The treatment of individual terms varies quite considerably from one volume to another. Some dictionaries have clearly adopted a policy of warning readers against almost any word referring to a person with a health issue. Others are more selective in their assignment of labels and usage notes. Discussions about person-first language have clearly influenced many of the dictionaries examined.

Keywords: medical vocabulary, offensiveness, labelling, monolingual dictionaries

1. Introduction

Dictionary users generally expect to be informed about any restrictions on the contexts where a word can be used. Omission or scant provision of such information is likely to lead to criticism. To signal the typical circumstances of use, lexicographers employ a whole array of usage labels, occasionally resorting to a longer usage note instead.

The types of pragmatic information that dictionaries provide include a mention of the pejorative or insulting nature of a lexeme. Works aimed at foreign learners of a language, in particular, are expected to attach admonitory comments to entries for terms of abuse. In a study of 145 derogatory, or potentially derogatory, words in English, Norri discovered that the overall frequency of labels or usage notes was, indeed, highest for the two learners' dictionaries, 59% and 69%, compared to the eight general-purpose works, whose percentage of warning signals ranged from 29% to 38% (Norri 2000: 103). Whatever the target audience of a dictionary, it is often difficult to decide whether or not to include a note of caution in the entry, and the exact formulation of such comments calls for careful thinking. In the analysis of corpus data, the relationship between the speaker and listener (or writer and reader) needs to be taken into account, as some basically depreciatory terms may be used in a neutral, even affectionate, fashion between members of the same in-group. Allan and Burrige (2006: 84–85) cite *nigger* and *quad* 'a person who is quadriplegic' as examples. The advice given by the lexicographer can only be 'about *public* behavior, since many reputable members of society routinely use terms of insult in private among like-minded people to whom these words are not in the least offensive' (Landau 2001: 233). In an attempt to avoid statements that are too categorical, many dictionaries include frequency adverbials in their descriptions, but the choice of such is not always easy. Different works may evaluate one and the same word as being *often*, *usually*, or *sometimes* insulting (Norri 2000: 91).

Geographical factors are another source of complexity. As observed by Atkins and Rundell (2008: 426), 'an epithet or expletive regarded as (at worst) mildly offensive in Australia may be virtually taboo in the US'. Thorne (2005) explains that *tart* is still used affectionately of women in cockney and Australian speech. The *Australian National Dictionary* entry for **tart** similarly notes the positive usage: 'A girlfriend or "sweetheart"; applied generally to a girl or

woman but usually implying admiration.’ Besides geographical variation, semantic changes may muddy the waters. The direct or neutral name for a thing, also known as an *orthophemism*, sometimes develops unwanted connotations and becomes a *dysphemism*, to be replaced by a *euphemism*, a milder or indirect word for the same idea (Allan and Burrige 2006: 34). As time passes, the euphemism may itself develop into a dysphemism, at which point a new euphemism needs to be found – and so the cycle continues. The phenomenon is called *euphemism treadmill* by Pinker (1994), *X-phemistic recycling* by Allan and Burrige (2006: 243).

In the analysis of many lexemes, it is difficult to draw the line between orthophemism, dysphemism, and euphemism. The task is complicated not just by ongoing semantic changes in vocabulary, but also by the diverse opinions among people on the expressive meaning of individual words, that is, ‘the kind of meaning by virtue of which speakers express, rather than describe, their beliefs, attitudes, and feelings’ (Lyons 1995: 44). Fischer (2007: 277) cites the recommendation in some style guides that the phrase *the elderly* be only used of people aged 65 and older, a policy that contrasts with McPherson’s (2006: 32) view that the phrase is ‘demeaning to older people’ and should be abandoned altogether. In cases of disagreement, lexicographers need to decide whose views will be recorded in the dictionary entry.

The above considerations are relevant to the subject of the present article, the treatment of words for illness and disability in monolingual dictionaries of English. Recent decades have seen hectic debates about appropriate ways of referring to people with health issues. It has been argued that we should avoid phrases like *disabled people*, *a (the) diabetic*, or *the blind*, using *people with disabilities*, *a (the) person with diabetes*, and *people with visual impairment* instead. In other words, the person should always be mentioned first, before his or her condition, as ‘it is inappropriate to label people according to their conditions’ (Hayes 2010: 370). According to Dieringer and Porretta (2013: 190), ‘[p]erson first language fosters the notion that a disability may be part of the person but by no means defines the person’. Collier (2012: E936) summarizes the stance of the proponents of person-first language by stating that ‘[i]t’s about realizing people are so much more than their disabilities and to place disproportionate emphasis on this one characteristic does them a disservice’.

There have been a number of studies of people’s reactions to person-first expressions as compared to alternative phrases. Lynch et al. (1994) asked their informants, 149 state employees, to rate the person-first and disability-first versions in eight pairs of phrases. Although the majority of the respondents showed some preference for the former, approximately one third considered the two versions equivalent in several of the pairs. The 406 subjects in St. Louis’s investigation included speech or language-disordered patients, their parents, students of the field, and members of the general public. They were presented with direct labels like *stammerer* as well as person-first versions such as *person who stammers*. The results are summarized by the statement that ‘[t]he inescapable conclusion for the speech-language labels assessed is that person-first terminology has little effect on lessening negative ratings’ (St. Louis 1999: 20–21). In a study of terms for schizophrenia, it was discovered that *person with schizophrenia*, *person with severe mental illness*, and *schizophrenic* ‘did not significantly differ from one another on any of the stigma measures’ in responses gathered from 113 undergraduates and 77 non-undergraduate adults (Penn and Nowlin-Drummond 2001: 202). All one hundred participants in Bickford’s (2004) study met the legal definition of blindness. Eighty-five percent of them either had no preference for person-first (e.g. *person with visual impairment*) or disability-first (e.g. *blind person*) language, or preferred the latter. Peirce (1998) cites further examples of studies that either support or question the idea that the terms used in medical contexts affect attitudes towards patients.

The growing demands for person-first language have provoked a counter-reaction, identity-first language, especially within the disability rights community and in the academic field of disability studies. The exclusive use of person-first terms is challenged, and a posture is promoted where disability in fact becomes the focus, even a valuable part of one’s identity.

The person-first approach is criticized as it ‘subtly implies that there is something inherently negative about disability’ and ‘the use of constructions such as “with a disability” or “with diabetes” unnecessarily dissociates the disability from the person’ (Dunn and Andrews 2015: 257).

The opinions among doctors, psychologists, and other patient care professionals are divided as regards proper terminology for people with mental or physical health issues. The journals published by the American Psychological Association mandate the use of person-first language (Halmari 2011: 830, Dunn and Andrews 2015: 256). A study by a professor of psychology, however, concludes that in scholarly writing ‘person-first language appears to stigmatize, rather than destigmatize, persons with disabilities’, which makes him suggest a middle course whereby books and articles should employ both person-first and identity-first language for all persons, without banning either (Gernsbacher 2017: 860–861). Mittan has witnessed confrontations between his patients or their parents and people unwittingly using the term *epileptic* instead of *person with epilepsy*, but his opinion is that although politically correct terminology has its place in textbooks, brochures, and educational programs, outside such contexts it is unnecessary to insist on political correctness (Mittan 2005: 66). Dunn and Andrews (2015: 256, 261) observe that person-first language has a firmer footing in the United States than the United Kingdom, where for example *disabled person*, rather than *person with disability*, is the dominant term in scholarly publications and elsewhere.

Halmari (2011) has noted an interesting division of labour between the phrases *mentally retarded* and *with mental retardation* in an analysis of data from the *Houston Chronicle* and *Google News* covering the time period 2002–2007. In both sources, the premodification variant is mostly used of killers and criminals, victims of crimes, and fictional characters, whereas the postmodification structure appears in descriptions of children and non-criminal adults. The most striking difference between the print and online media was the nearly total absence of the noun *retard* in the *Houston Chronicle* as opposed to the 211 occurrences in *Google News*, most of them in metalinguistic comments or quotations of someone else’s usage (Halmari 2011: 836).

Issues relating to person-first and identity-first language have been researched far more in the United States than in Britain. All of the above-mentioned studies of the effects of different types of medical terms on people’s attitudes were carried out among American informants, by scholars working for American academic institutions. The guidelines for terms to use meant for health professionals show that there have been similar discussions about proper medical terminology in other English-speaking countries. In the United Kingdom, the style guide of the National Institute for Health and Care Excellence (NICE) lists *diabetics* and *schizophrenics* in the ‘Don’t use’ column, *people with diabetes* and *people with schizophrenia* in the ‘Do use’ one. *Disabled people*, however, is said to be preferable to *people with a disability* (cf. Dunn and Andrews above). In its publication ‘Language Matters: Language and Diabetes’, the National Health Service in England states that when talking about diabetes, one should use language that is ‘person-centred (also known as “person-first”) to avoid labelling a person as their condition’ (p. 4). A document titled ‘Inclusive Language: Words to Use and Avoid When Writing About Disability’ on the website for government departments, Gov.Uk., recommends, among other things, that *a person with epilepsy* and *a person with a mental health condition* should be used instead of *an epileptic* and *a mental patient*. The Australian Network on Disability, similarly discussing ‘inclusive language’, informs the reader that ‘[p]erson-first language is the most widely accepted terminology in Australia’.

Besides the structural question of person-first versus identity-first language, debates about proper medical terminology have focussed on the acceptability of individual lexemes. It has been argued, for example, that clinicians should replace *chief complaint* with *chief concern*, as the former suggests that ‘the patient is whining and complaining to the clinician’ rather than describing a health problem (Swenson and Sims 2010: 394). Starcevic (2017) criticizes the recent trend to expel the suffix *-mania* from psychiatric terms. He cites the example of

trichotillomania, for which the suggested replacement is *hair-pulling disorder*. Contrary to *trichotillomania*, the terms *pyromania* and *kleptomania* have not met with opposition, possibly because of ‘an attitude that behaviours that often have criminal consequences *should* carry stigmatising labels’. Starcevic (2010), following Wilson (2009), has also deplored the growing trend to use euphemisms in psychiatry. The suggested replacements for *mental retardation* or *mental handicap* include *learning disability* or *intellectual disability*, lauded by some (e.g. Fisch 2011), criticized by others (e.g. Gates 1997, Reid 1997). Yet another phrase for the same condition, *having learning difficulties*, is according to O’Neill (2011: 287) too vague, even dishonest, as ‘[e]veryone has learning difficulties at some time because learning can be difficult’. In the course of the last five or so decades, many medical terms that were once current have fallen by the wayside because of considerations of appropriateness, some examples being *mongolism*, *mentally sub-normal*, *retardates* (Foreman 2005: 57), and two terms for symptoms of Parkinson’s disease, *reptilian stare* and *simian posture* (Friedman 2017: 8). Jost and Crocker (1987) discuss the reasons that led to the adoption and gradual abandoning of *mongolian*, *mongoloid*, and *mongolism*, earlier terminology for a condition now known as *Down syndrome*.

In all this, lexicographers face an unenviable task. The prevalent view among modern dictionary-makers is that their works should be descriptive rather than prescriptive. The founders and first editors of the *Oxford English Dictionary* already expressed support for that approach, but some of the entries that they drafted in fact criticized, even condemned, particular words or usages (Mugglestone 2000). The consensus among those compiling dictionaries seems to be that ‘it is incumbent upon the lexicographer to describe not only the *use* of language, but *reactions* to its use’ (Benson et al. 1986: 217; cf. Béjoint 2010: 155). As seen from the above paragraphs, the reactions to medical terms and their suggested replacements have been truly varied. The sensitive nature of this area of vocabulary can be expected to further complicate the drafting of entries (cf. Norri 2018). The policies adopted by the compilers of a variety of lexicographic works will be examined in the sections that follow.

2. Notes on the dictionaries studied

The twenty dictionaries analysed for the present article are divided into four groups according to their target audience and geographical provenance. The selection includes five learners’ dictionaries, all of them British. Until the 1990s, there was a relative scarcity of such material from American publishers, especially at the advanced levels (Landau 2001: 74–77), and the American works published since ‘have not been spared by reviewers’ (Béjoint 2010: 191). Also known as ‘the Big Five’ (ibid., 164), the volumes examined are the *Cambridge Advanced Learner’s Dictionary* (CALD; 4th ed. 2013), the *Collins COBUILD Advanced Learner’s Dictionary* (Cobuild; 9th ed. 2018), the *Longman Dictionary of Contemporary English* (LDOCE; 6th ed. 2014), the *Macmillan English Dictionary for Advanced Learners* (MEDAL; 2nd ed. 2007), and the *Oxford Advanced Learner’s Dictionary of Current English* (OALD; 9th ed. 2015). As stated in their blurbs or prefaces, all five works rely heavily on electronic corpora (see also Cowie 1999: 121–125). The main source of language data for CALD, for example, is the *Cambridge International Corpus*, which totals more than 1.5 billion words of spoken and written language ‘from a huge variety of sources’ (p. ix).

The so-called college or collegiate dictionaries, produced by various American publishers, have in fact a target audience that ‘extends far beyond college students, although they remain the core market’ (Landau 2001: 90). Kipfer (2013: 392), too, points to a fairly general readership in her explanation that this type of work is ‘an intermediate-size, single-volume dictionary intended for use by students or at an office desk and containing information similar to an abridged general dictionary’. The five representatives of this category are *The American Heritage College Dictionary* (AHCD; 4th ed. 2007), *Encarta Webster’s College*

Dictionary (*EWCD*; 2nd ed. 2005), *Merriam-Webster's Collegiate Dictionary* (*MWCD*; 11th ed. 2003), *Random House Webster's College Dictionary* (*RHWCD*; 2nd ed. 2005), and *Webster's New World College Dictionary* (*WNWCD*; 5th ed. 2014). The first four are abridgements of American general-purpose dictionaries mentioned below, *WNWCD* being the only independent compilation (Landau 2001: 90–94, Béjoint 2010: 138–142). Compared to their source volumes, the collegiate versions list a smaller number of headwords. *MWCD*, for example, contains ‘165,000 entries and 225,000 definitions’ (blurb), the scope of *W3* with its ‘vocabulary of over 450,000 words’ (p. 5a) being entirely different. Many of the definitions in the larger works appear in a radically condensed form in the abridgement (Norri 2001: 110–111, Béjoint 2010: 139).

The policies adopted by British general-purpose dictionaries are examined in the light of data from the *Bloomsbury English Dictionary* (*BED*; 2nd ed. 2004), the *Collins English Dictionary* (*CED*; 12th ed. 2014), *The Chambers Dictionary* (*ChD*; 13th ed. 2014), and the *Oxford Dictionary of English* (*ODE*; 3rd ed. 2010). *The Oxford English Dictionary* (*OED*; 3rd ed. 2000–), a historical dictionary, is a fifth work discussed in connection with this group. The chronological span of *OED* includes present-day English, and many of the entries updated for the third edition provide descriptions of the circumstances where the word is typically used similar to those found in the four general-purpose dictionaries. All five works mention the use of corpora or databases, but some describe the electronic collections of material in greater detail than others. *ChD* simply states in its blurb that ‘[w]e use both lexicographic expertise and databases containing billions of word usages’. *BED* and *CED* respectively cite the Bloomsbury Dictionary Database and the Collins Corpus, the latter of 4.5 billion words, but no further information is provided. The cursory treatment differs manifestly from *ODE*'s decision to devote a separate section to the description of the two-billion-word Oxford English Corpus in its Introduction (pp. ix-x). The role of reading programmes and contributions from the public is emphasized by both *ODE* and *OED*.

The last group comprises American general-purpose dictionaries. The five volumes in this category are *The American Heritage Dictionary of the English Language* (*AHD*; 5th ed. 2011), the *Encarta Webster's Dictionary of the English Language* (*EWD*; 2nd ed. 2004), the *New Oxford American Dictionary* (*NOAD*; 3rd ed. 2010), the *Random House Webster's Unabridged Dictionary* (*RHD*; 2nd ed. 2001), and *Webster's Third New International Dictionary* (*W3*; 1961 with addenda from 1966–2002). *AHD*, *RHD*, and *W3* were originally published in the 1960s, well before lexicographers started utilizing computerized corpora, nor have the latter played a significant role in the subsequent editions of the three works. At the beginning of the present millennium, Landau observed that ‘[c]orpus use has been slower to develop in America than in Britain’ (Landau 2001: 339). *EWD* thus stands out in the American market, being based on the over 200-million-word Bloomsbury Corpus (p. xi). *NOAD*, in turn, is largely based on the abovementioned *ODE*, with material derived from the Oxford English Corpus. In matters relating to the acceptability of words and phrases, *AHD* relies heavily on its Usage Panel consisting of ‘about 200 prominent users of English’ (p. vi), sometimes closer to unanimity than at others (see Nunberg 1990, Béjoint 2010: 136–138).

The twenty-five words under scrutiny were looked up in the above-cited editions. The digital versions of *AHD*, *CALD*, *CED*, *Cobuild*, *LDOCE*, *MEDAL*, *NOAD*, *OALD*, and *ODE* were also consulted for any updates in the usage information provided. Such additions and modifications were detected for *CALD*, *CED*, *NOAD*, and *ODE*, to be discussed below in connection with the findings on each work. The differences between the printed and electronic versions suggest that the latter, more detailed and closer to the present day, should take precedence in future studies of dictionary guidelines about current usage.

3. Treatment of words for illness and disability in the dictionaries studied

The terms examined in greater detail include some that have figured prominently in discussions about appropriate ways of referring to physical and mental conditions. *Cripple, handicapped, invalid, midget, retard, retarded, spastic* (all listed in Rees 1993), *deaf mute*, and *epileptic* can be instanced. Lexemes like *infirm, lunatic, paralytic*, and *syphilitic* have not received such attention, but their use would nevertheless be affected by considerations of person-first language. Some of the words might meet objections because of their emotional colouring (e.g. *mad, madman, stone deaf*) or reference to an animal (*harelip*). Familiar or frequent non-medical meanings may discourage the use of particular lexemes in the context of illness and disability. *Dumb, retard*, and *paralytic*, for example, have developed the additional senses ‘stupid’, ‘stupid person’, and ‘drunk’, respectively.

The words chosen for closer study vary as regards their technicality. Some have originated as terms of medicine and would typically be listed in medical dictionaries (e.g. *epileptic, paralytic, spastic, syphilitic*). Words like *lame, limp, mad*, and *madman* have their origins outside professional discourse and are familiar to experts and laymen alike, with no need to list them in a specialized lexicon. There is further variation in word class and grammatical behaviour. Some of the lexemes that can refer to people are used as either adjectives or independent count nouns (e.g. *diabetic, epileptic, syphilitic*). A number of the adjectives included in the selection can be used nominally only as collectives, in phrases such as *the handicapped, the hard of hearing*, or *the lame*. Yet other words referring to persons are nouns only, among them *invalid* in the relevant medical sense. Some of the adjectives and nouns denote only a condition, as in *a game leg* or *she has a limp*, without any independent use for a person. All this, among other factors, may affect the potential of individual terms for coming to be seen as offensive.

In the analysis of the dictionaries, the main interest lies in the presence or absence of indications of the word’s potential to cause offence. In order to summarize the similarities and differences between the works studied, the findings are presented in tabular form. A plus sign shows that some kind of admonitory label, comment, or note appears in the entry, a minus that no such information is furnished. When the plus sign is placed within brackets, this means that the comment on offensiveness is toned down by a modifier like *often, usually, or sometimes*, the auxiliary *can* or *could*, mention of alternative contexts of use (e.g. *dated or offensive*), or reference to the views of patients or ‘many people’. Words not listed in a particular volume in the relevant medical sense are marked with a zero.

3.1. Learners’ dictionaries

As appears from Table 1, the learners’ dictionaries examined often agree in their assessment of the offensiveness of a particular word. None of them attach a cautionary label or note to *epileptic, game, hard of hearing, hysteric/-ical, infirm, invalid, limp, maniac, paralytic, psychopath, stone deaf*, or *syphilitic*. In striking contrast to those entries, seven of the words are invariably accompanied by a warning about offensiveness. *Cripple, handicapped, harelip, lunatic, midget, retard*, and *retarded* are systematically regarded as insults. *LDOCE* gives the noun *retard* only in the non-medical sense ‘stupid person’, possibly because the original medical usage is regarded as obsolete or so unacceptable in present-day English that it should not be mentioned in a work aimed at learners of the language. *Retard* is in fact one of the three words that consistently attracts an unmodified statement of offensiveness, the other ones being *harelip* and *lunatic*. In their descriptions of *cripple, handicapped, midget*, and *retarded*, some of the dictionaries have chosen to tone down the comment about the offensive nature of the lexeme. This is done especially by referring to the views of ‘many people’, as in the entries for *handicapped* in *Cobuild* (‘many people who have a disability find this word offensive’), *midget* in *MEDAL* (‘many people now think this word is offensive’), and *retarded* in *LDOCE* (‘many

people think that this word is offensive’). *OALD* includes a modifying adverb in its description of *handicapped* as ‘sometimes offensive’ and suggests an alternative context of use for *cripple* in its label *old-fashioned or offensive*. In the digital version of *CALD*, the label *offensive* has been added to three words (*harelip*, *mad*, *spastic*) that lacked any such description in the latest printed edition from 2013.

Table 1. Treatment of words for illness and disability in learners’ dictionaries

	<i>CALD</i>	<i>Cobuild</i>	<i>LDOCE</i>	<i>MEDAL</i>	<i>OALD</i>
<i>cripple</i>	+	+	+	+	(+) ¹
<i>deaf mute</i>	-	(+)	+	+	(+)
<i>dumb</i>	-	+	(+)	(+)	(+)
<i>epileptic</i>	-	-	-	-	-
<i>game</i>	0	0	-	-	0
<i>handicapped</i>	(+)	(+)	(+)	+	(+)
<i>hard of hearing</i>	-	-	-	-	-
<i>harelip</i>	+	0	+	+	+
<i>hysteric/-ical</i>	-	-	-	-	-
<i>infirm</i>	-	-	-	-	-
<i>invalid</i>	-	-	-	-	-
<i>lame</i>	-	(+) ²	-	+	-
<i>limp</i>	-	-	-	-	-
<i>lunatic</i>	+	+	+	+	+
<i>mad</i>	+	-	-	+	-
<i>madman</i>	(+) ³	-	-	+	-
<i>maniac</i>	-	-	-	-	-
<i>midget</i>	+	+	+	(+)	+
<i>paralytic</i>	-	-	-	-	-
<i>psychopath</i>	-	-	-	-	-
<i>retard</i>	+	+	0	+	+
<i>retarded</i>	+	+	(+)	+	+
<i>spastic</i>	+	+	-	+	(+)
<i>stone deaf</i>	-	-	-	0	-
<i>syphilitic</i>	-	0	-	0	-

The treatment of the remaining six words presents a more varied picture. *Deaf mute*, *dumb*, *lame*, *mad*, *madman*, and *spastic* are said to be offensive in some dictionaries, others omitting any such mention. *CALD* stands out in its lack of any cautionary note for *deaf mute* and *dumb*, while *LDOCE* is alone in not warning its readers against the use of *spastic*. *Mad* and *madman* are apparently considered relatively mild words by three of the dictionaries. *Mad* is defined as ‘an offensive way for describing someone who is mentally ill’ in *MEDAL*, where it is also stated that *madman* is ‘an insulting word for a man who you think is behaving in a crazy way’, with ‘a man who is mentally ill’ as a subsense. The only other dictionary specifically noting the offensiveness of the two words is *CALD*, where *madman* is labelled *old use or offensive*. Many of the lexicographers may have thought that the senses of *mad* and *madman* already convey the abusiveness, with little need for a separate comment. *Cobuild* and *MEDAL* are the only works to treat *lame* as offensive, but there is a difference between the two. According to *MEDAL*, ‘[t]his word is now considered offensive’, whereas *Cobuild* restricts the insulting usage to the collective noun: ‘**The lame** are people who are lame. This use could cause offence.’ The passage in *Cobuild* is one of the few instances in the learners’ dictionaries where the tenets of person-first language have clearly influenced the drafting of the entries for the

twenty-five words. One of the central principles of person-first language is that groups, too, should be individualized. Instead of the phrase *the disabled*, for example, we should use the postmodified structure *people with disabilities* (Halmari 2011: 830, Dunn and Andrews 2015: 256). *Cobuild* is far from systematic in its approach, as similar comments are lacking for other adjectives that can equally be used as collective nouns (*hard of hearing, infirm, mad, stone deaf*). It is unclear, furthermore, whether the wording of the above full-sentence definition is in fact helpful to a learner of English, who may be puzzled by *Cobuild* first using the word *lame* in its definition, then stating that the use of the word ‘could cause offence’.

The labels and usage notes that are employed usually have *offensive* as the central term, exceptionally premodified by the quantifier *very* in the *LDOCE* passages on *lunatic* and *midget*. To further emphasize the sensitive nature of the word, the compilers have added the note ‘Do not use this word’ to the entry for *midget*. There is a rare occurrence of the phrase *not polite* in the *LDOCE* description of *deaf mute*. *OALD* characterizes two of the lexemes, *midget* and *retard*, as both *taboo* and *offensive*.

It is only rarely that the five learners’ dictionaries suggest any replacements for the offensive words. *MEDAL* and *OALD* under **dumb** state that *speech-impaired* is the ‘more usual’ (*MEDAL*) or ‘better’ (*OALD*) term. *OALD* also informs its users that ‘[p]eople now use **disabled person** instead of “cripple”.’ Those looking up *spastic* in *Cobuild* learn that ‘[p]eople now refer to someone with this disability as having **cerebral palsy**’. Another phrase reminiscent of the principles of person-first language appears in *MEDAL* under **midget**, where *person of restricted growth* is said to be ‘a more polite word’. The longest usage notes appear in connection with *handicapped* in *CALD* and *MEDAL*, the suggested replacements including a mix of person-first and identity-first expressions. For the adjective, the preferred terms listed are *disabled* (*CALD, MEDAL*), *learning disabled*, *visually impaired*, *hearing impaired* (*MEDAL*), and *having a disability* (*CALD*). Both dictionaries cite *people with disabilities* as a substitute for the noun, and *CALD* further mentions *disabled people*. *LDOCE* and *OALD* likewise indicate the offensive nature of *handicapped*, but their solution is simpler, a cross-reference to *disabled*. One must be careful in treating words as synonyms, though, as shown by the entry for *harelip* in *MEDAL*, where a cross-reference to *cleft palate* is provided. The two conditions are in fact different, although ‘[a] cleft palate is usually associated with a cleft lip’ (*Dictionary of Medical Terms, cleft palate*). *OALD* correctly refers the reader from *harelip* to *cleft lip*.

Table 2 presents a summary of the occurrence of usage labels and notes in the five learners’ dictionaries. The percentage of the words given that are accompanied by an admonitory label or an equivalent comment ranges from 33 to 57. All five works have clearly recognized the need to inform their target audience about the potentially negative consequences of using these lexemes. Another finding of interest is *MEDAL*’s obvious tendency not to hedge its comments on offensiveness, contrary to the more even distribution of modified and unmodified statements in the other volumes.

Table 2. Frequency of labelling in learners’ dictionaries

	<i>CALD</i>	<i>Cobuild</i>	<i>LDOCE</i>	<i>MEDAL</i>	<i>OALD</i>
<i>Words included</i>	24	22	24	23	24
<i>Words labelled: +</i>	8	7	5	11	5
<i>Words labelled: (+)</i>	2	3	3	2	5
<i>Percentage of labelled words</i>	42	45	33	57	42

3.2. Collegiate dictionaries

In this group of works, the five volumes only rarely agree in their statements about the offensiveness of a word. As shown by Table 3, only *deaf mute*, *dumb*, and *retard* are systematically assigned a label or note indicating the danger of causing offence. *AHCD* and *MWCD*, however, differ from the other dictionaries in describing *deaf mute* and *dumb* as ‘often offensive’, the same frequency adverb appearing in the entry for *retard* in *MWCD*. *Lunatic* is the only word that consistently fails to attract any warnings about offensiveness in the medical sense of ‘mentally ill person’. The notable lack of uniformity is largely due to *EWCD*, which tends to attach cautionary comments to many words that the other four works do not explicitly characterize as offensive. Such is the case for *epileptic*, *game*, *hard-of-hearing*, *hysteric/-ical*, *infirm*, *invalid*, *lame*, *limp*, *mad*, *madman*, *maniac*, *paralytic*, *psychopath*, *stone-deaf*, and *syphilitic*. *EWCD* is an abridgement of *EWD*, an American general-purpose dictionary, and has inherited its profusion of admonitory labels and notes from the latter (cf. Section 3.4).

Table 3. Treatment of words for illness and disability in collegiate dictionaries

	<i>AHCD</i>	<i>EWCD</i>	<i>MWCD</i>	<i>RHWCD</i>	<i>WNWCD</i>
<i>cripple</i>	-	+	(+)	(+)	+
<i>deaf mute</i>	(+)	+	(+)	+	+
<i>dumb</i>	(+)	+	(+)	+	+
<i>epileptic</i>	-	(+) ⁴	-	-	-
<i>game</i>	-	+	-	-	-
<i>handicapped</i>	(+) ⁵	(+) ⁶	(+)	- ⁷	-
<i>hard of hearing</i>	-	(+)	-	-	-
<i>harelip</i>	-	+	(+)	(+) ⁸	-
<i>hysteric/-ical</i>	-	(+) ⁹	-	-	-
<i>infirm</i>	-	(+) ¹⁰	-	-	-
<i>invalid</i>	-	(+) ¹¹	-	-	-
<i>lame</i>	-	+	-	-	-
<i>limp</i>	-	(+)	-	-	-
<i>lunatic</i>	-	0 ¹²	-	-	-
<i>mad</i>	-	+	-	-	-
<i>madman</i>	-	+	-	-	-
<i>maniac</i>	-	+	-	-	-
<i>midget</i>	+	+	(+)	-	+
<i>paralytic</i>	-	(+) ¹³	-	-	-
<i>psychopath</i>	-	+	-	-	-
<i>retard</i>	+	+	(+)	+	+
<i>retarded</i>	(+)	+	(+)	-	(+)
<i>spastic</i>	-	+ ¹⁴	-	-	(+) ¹⁵
<i>stone deaf</i>	-	+	-	-	-
<i>syphilitic</i>	-	(+) ⁴	-	-	-

Cripple, *midget*, and *retarded* are singled out as offensive terms in all the collegiate dictionaries except one. With *handicapped*, *harelip*, and *spastic*, two of the volumes differ in their policy from the other three. Each of these six words attracts comments, modified or unmodified, on their offensiveness. The modifiers that occur are *often*, *sometimes*, and *usually*, but deciding which one, if any, to use may present something of a challenge: the adjective *handicapped* is said to be ‘often considered offensive’ in *EWCD*, the corresponding description

in *MWCD* being ‘sometimes offensive’. As observed earlier, whether a word is offensive or not largely depends on who is using it and to whom. The data from the collegiate dictionaries includes two longer usage notes that highlight the role of participants in the situation of communication. *AHCD* explains that ‘[a]lthough *handicapped* is widely used in both law and everyday speech to refer to people having physical or mental disabilities, those described by the word tend to prefer the expressions *disabled* or *people with disabilities*’. That labels often simplify things somewhat is well illustrated by the label *offensive* appended to *harelip* in *RHWCD*, elaborated by a usage note stating that ‘HARELIP is perceived as offensive by those who have the condition (because it refers to the cleft lip of a hare), but the term is often used in a neutral manner by others’.

The debates about person-first language have most clearly influenced the entries in *EWCD*. It is the only collegiate dictionary to distinguish between the offensiveness of the nominal and adjectival uses of *epileptic*, *handicapped*, *hysteric*, *infirm*, *invalid*, *paralytic*, *spastic*, and *syphilitic*. The nouns are invariably considered offensive, the adjectives other than *handicapped* (cf. above) lacking any such comment. In person-first language, indeed, people should not be equated with their conditions (Halmari 2011: 830, Dunn and Andrews 2015: 256).

The central descriptor in the labels and usage notes is again *offensive*. The geminated phrase *offensive or insulting* occurs in *WNWCD* under **deaf mute** and **midget**, the same work informing us that *retard* is ‘an offensive term of contempt’. There is also an element of repetition in the *AHCD* entry for the noun *retard*, where the definition ‘[u]sed as a disparaging term for a mentally retarded person’ is preceded by the label *offensive slang*. For the same word, *EWCD*, following *EWD*, includes the phrase ‘offensive term’ in the definition, which is followed by the label *slang insult*. The need for such repetitive negative characterizations can be questioned.

Possible replacements for the negatively coloured terms are rarely discussed in collegiate dictionaries. The *AHCD* note on *handicapped* has already been mentioned above. *MWCD* and *RHWCD* under **harelip** refer the reader to *cleft lip*, according to *RHWCD* ‘the usual term for this condition’. The latter volume also provides two substitutes for *cripple*, that is, *(the) handicapped* and ‘the more recent and increasingly common’ *(the) disabled*. Some other suggestions, *RHWCD* states, have not met with general approval: circumlocutions involving ‘[t]he adjectives CHALLENGED and SPECIAL are preferred by some people but are often ridiculed as euphemisms’. The dictionary further comments on *deaf mute* and *dumb*, but the usage note in the entry for the latter word sounds almost contradictory: ‘Use of the term MUTE is generally acceptable. However, the preferred term is DEAF, which makes no reference to an inability to speak.’

Table 4 summarizes the treatment of the twenty-five lexemes in the collegiate dictionaries studied. *EWCD* apparently employs a blanket labelling of medical words referring to human beings. The percentage of labelled words for the other volumes is between 20 and 32, which is lower than for any of the learners’ dictionaries. As regards the ratio of modified to unmodified labels, *MWCD* with its invariably hedged descriptions stands out.

Table 4. Frequency of labelling in collegiate dictionaries

	<i>AHCD</i>	<i>EWCD</i>	<i>MWCD</i>	<i>RHWCD</i>	<i>WNWCD</i>
<i>Words included</i>	25	24	25	25	25
<i>Words labelled: +</i>	2	15	0	3	5
<i>Words labelled: (+)</i>	4	9	8	2	2
<i>Percentage of labelled words</i>	24	100	32	20	28

3.3. British general-purpose dictionaries

The dictionaries in this category, too, manifest considerable variation when it comes to describing the offensiveness of the words studied. In Table 5, *retard* is the only appellation that is consistently singled out as being offensive, while the entries for *psychopath* systematically lack any cautionary label or note. In as many as ten instances, *BED* stands alone in ascribing a cautionary remark to a lexeme. The relevant entries are those for *game*, *hysteric/-ical*, *infirm*, *lame*, *limp*, *lunatic*, *mad*, *maniac*, *paralytic*, and *syphilitic*. *BED*, like its American twin volume *EWD*, has been criticized for an excessive use of admonitory notes and labels (see Landau 2001: 234, Atkins and Rundell 2008: 426). As seen in Table 5, *ChD* and *OED* are at the other extreme, as they only rarely include an explicit mention about offensiveness in the entries for the words examined. *ChD* is unique in not labelling or otherwise marking *handicapped*, *midget*, or *retarded*, and *OED* is the only work to leave *cripple* and *deaf mute* without such comment. Both *ChD* and *OED* stand out in their treatment of *dumb*, *harelip*, and *spastic*. As regards *OED*, the scarcity of usage information no doubt partly stems from the work being a historical dictionary (cf. Section 2). It should be noted, however, that half of the entries for the twenty-five words have not yet been fully updated for the third edition. The cautionary remarks that there are all occur in the finalized entries. The lexicographers working on them have been sensitive to discussions about appropriate medical terms, which have accelerated since the second edition of *OED* was published in 1989.

Table 5. Treatment of words for illness and disability in British general-purpose dictionaries. The words in *OED* not yet fully updated for the third edition are marked with an asterisk.

	<i>BED</i>	<i>CED</i>	<i>ChD</i>	<i>ODE</i>	<i>OED</i>
<i>cripple</i>	+	+	+	(+) ¹⁶	_*
<i>deaf mute</i>	+	+	(+) ¹⁷	(+) ¹⁸	_*
<i>dumb</i>	+	+	-	(+) ¹⁹	_*
<i>epileptic</i>	(+) ⁴	(+) ²⁰	-	-	_*
<i>game</i>	+	-	-	-	-
<i>handicapped</i>	(+) ⁶	(+) ²¹	-	(+) ²²	(+) ²³
<i>hard of hearing</i>	(+)	(+) ²⁴	-	-	-
<i>harelip</i>	+	(+) ²⁵	-	+ ²⁶	_*
<i>hysteric/-ical</i>	(+) ²⁷	-	-	-	_*
<i>infirm</i>	(+) ²⁸	-	-	-	_*
<i>invalid</i>	(+) ²⁹	+ ³⁰	-	-	_*
<i>lame</i>	+	-	-	-	_*
<i>limp</i>	(+)	-	-	-	_*
<i>lunatic</i>	+	-	-	-	_*
<i>mad</i>	+	-	-	-	-
<i>madman</i>	+	+	-	-	-
<i>maniac</i>	+	-	-	-	-
<i>midget</i>	+	+	-	+	(+)
<i>paralytic</i>	(+) ⁴	-	-	-	-
<i>psychopath</i>	-	-	-	-	-
<i>retard</i>	+	+	+	+	(+)
<i>retarded</i>	+	+	-	(+) ³¹	(+) ³²
<i>spastic</i>	+	+ ³³	-	(+) ³⁴	_*
<i>stone deaf</i>	+	(+)	-	-	_*
<i>syphilitic</i>	(+) ⁴	-	-	-	-

The remaining five words each present a similar pattern. *BED* and *CED*, clearly influenced by debates about person-first language (see below), inform the user that *epileptic*, *hard-of-hearing*, *invalid*, *madman*, and *stone deaf* can be construed as offensive. The other three dictionaries do not give any such pragmatic information. It is of interest to note that the digital *CED*, constantly updated, contains many more observations about offensive, or potentially offensive, usage than the latest printed edition from 2014. The entries for *hard of hearing*, *madman*, *midget*, and *stone deaf* carry no warning in the latter. *ODE* manifests a similar development in its description of *retarded*. The adjective is treated as a neutral term in the 2010 volume, but now carries the label *dated or offensive* in the electronic version.

Various techniques are again used to make the statements about usage less categorical, including the frequency adverbs *sometimes* and *often*. *Limp*, for example, is labelled *sometimes offensive* in *BED* and *stone deaf* is said to be *often offensive* in *CED*. The double marker *dated or offensive* is favoured especially by *ODE*, where it is attached to *cripple*, *deaf mute*, *dumb*, *handicapped*, *retarded*, and *spastic*. *Deaf mute*, *dumb*, *handicapped*, and *spastic* carry a label only in the digital version, but both printed and electronic *ODE* have similar usage notes for each of the four words. The role of the person addressed is emphasized in the *ChD* entry for *deaf mute*, which, according to the dictionary, is ‘considered *offensive* by some deaf people’. The effect of word class, central in person-first language, is observed especially in *BED*, where the nouns *epileptic*, *hysteric*, *infirm*, *paralytic*, and *syphilitic* are stated to be offensive, contrary to the corresponding adjectives. Similar comments are found in *CED* under **epileptic** and **hard of hearing**. The entry for the latter lexeme refers the reader to the usage note under **elderly**, where collective nouns based on adjectives are criticized in references to patients: ‘Referring to any group using the formula *the elderly*, *the disabled* is felt to be inappropriate because it glosses over people’s individuality and perpetuates stereotypes.’ Differences between British and American English are only rarely commented upon. *OED* under **retarded** describes the term as ‘now often avoided, particularly in the United Kingdom, as potentially offensive’. At least until relatively recently, especially the phrase *mental retardation* seems to have been more acceptable in the United States (cf. Gates 1997: 51, Foreman 2005: 58, Halmari 2011: 830). In its usage note under **handicapped**, *ODE* observes that ‘[i]n American English **handicapped** is still sometimes used, especially in phrases such as **handicapped-accessible** and **handicapped parking**’.

The labels and usage notes employed by the five dictionaries mostly have *offensive* as the central term. The phrase *term of abuse* occurs in the *OED* characterization of *midget*, ‘[s]ometimes used as a term of abuse’. *BED*, like *EWCD*, first informs the reader that the noun *retard* is ‘an offensive term’ in the definition, then adds the label *slang insult*, the resulting impression being one of an unnecessarily heavy apparatus of warnings.

Except for *ChD*, the British general-purpose dictionaries examined offer substitutes for the words that have fallen out of favour. Those consulting *OED*, a historical dictionary, will also find such information in some of the entries for words whose appropriateness has been debated. *BED*, *CED*, and *ODE* under **harelip** state that *cleft lip* is now the preferred term. The three works also cite alternatives for *deaf mute*, but the suggested replacements are different. *BED* recommends *hearing-impaired* or *hearing-and-speech impaired*, while *CED* and *ODE* opt for *profoundly deaf*. Ways of avoiding the word *handicapped* are presented in as many as four of the dictionaries. *OED* states that ‘*disabled* is the term now generally preferred’, and the same substitute appears in *BED* and *ODE*. In accordance with person-first language, *BED* and *CED* state that instead of *the handicapped* we should use the postmodified phrase *people with disabilities*. *CED* under **epileptic** also conforms to the person-first principle in its recommendation that ‘[r]ather than talking about *an epileptic* or *epileptics*, it is better to talk about *a person with epilepsy* and *people with epilepsy*’. In general, *ODE* is the dictionary with the widest array of substitute expressions for medical terms with offensive connotations, as further seen from its entries for *cripple* (‘largely replaced by broader terms such as “disabled

person”), *dumb* ([a]lternatives such as **speech-impaired** should be used instead’), *retarded* (‘has now been replaced by such terms as **learning-disabled** or **having learning difficulties**’), and *spastic* (‘it is preferable to use phrasing such as *person with cerebral palsy* instead’).

Table 6 presents an overview of the use of labels and usage notes indicating offensiveness in the five dictionaries studied. *BED* is in a class of its own, with all twenty-five words except *psychopath* furnished with admonitory remarks. The percentages of labelling are also relatively high for *CED* and *ODE*, whose lexicographers have taken into account recent discussions about the appropriateness of particular terms referring to patients. *ChD* and *OED* are most sparing in their application of cautionary notes to the lexemes studied. As stated at the beginning of the present section, the percentage of labelled words in *OED* is likely to rise when the third edition is complete.

Table 6. Frequency of labelling in British general-purpose dictionaries

	<i>BED</i>	<i>CED</i>	<i>ChD</i>	<i>ODE</i>	<i>OED</i>
Words included	25	25	25	25	25
Words labelled: +	15	9	2	3	0
Words labelled: (+)	9	5	1	6	4
Percentage of labelled words	96	56	12	36	16

3.4. American general-purpose dictionaries

As appears from Table 7, the policies of American general-purpose dictionaries are quite diverse when it comes to signalling offensiveness. At one extreme, *EWD* includes a note of caution in all entries except one; at the other, *W3* gives pragmatic information (‘often taken to be offensive’) only about *retard*. The latter word is listed in the ‘Addenda’ section at the beginning of *W3*, the treatment of the other lexemes in fact remaining the same as it was in 1961. The policy of *W3* then was to dispense with most labels, including *contemptuous*, which had appeared in the second edition of 1934. The reader was supposed to deduce the context of use from the example sentences (Morton 1994: 135–138). *Retard* is the only instance where all five dictionaries use similar labels or usage notes for indicating the sensitive nature of the lexeme. The lack of any such information in the entries for the psychiatric term *psychopath* suggests that the latter word is not regarded as particularly abusive. There is a significant degree of unanimity in the treatment of a further eighteen of the terms analysed, with one of the dictionaries differing from the rest. *W3* stands alone in not mentioning anything about the insulting connotations of *cripple*, *deaf mute*, or *dumb*. *EWD*, which resembles its British sibling *BED* in its profusion of warnings (cf. above), is unique in attaching an admonitory remark to *epileptic*, *game*, *hard of hearing*, *hysteric/-ical*, *infirm*, *invalid*, *lame*, *limp*, *lunatic*, *mad*, *madman*, *maniac*, *paralytic*, *stone deaf*, and *syphilitic*. The remaining five terms are described as offensive, or potentially offensive in *AHD*, *EWD*, and *NOAD* (*handicapped*, *harelip*, *midget*, *retarded*), or just *EWD* and *NOAD* (*spastic*). The rapid turnover of disability terminology is well illustrated by the entries for *handicapped* in the 2010 printed edition of *NOAD* and the updated digital version. According to the former (under **handicapped**), both *handicapped* and *disabled* are ‘now acceptable and interchangeable in standard American English’, the more recent description informing the reader that ‘**disabled** and **disability** are now the more common and preferred terms’. Like *W3*, *RHD* applies few labels and usage notes. It was published in 2001, predating *AHD*, *EWD*, and *NOAD*. Discussions about appropriate medical terminology may have gained momentum in the intervening years.

Table 7. Treatment of words for illness and disability in American general-purpose dictionaries

	<i>AHD</i>	<i>EWD</i>	<i>NOAD</i>	<i>RHD</i>	<i>W3</i>
<i>cripple</i>	(+)	+	(+) ¹⁶	(+)	-
<i>deaf mute</i>	+	+	(+) ¹⁸	(+)	-
<i>dumb</i>	+	+	(+) ¹⁹	(+)	-
<i>epileptic</i>	-	(+) ⁴	-	-	-
<i>game</i>	-	+	0	-	-
<i>handicapped</i>	(+) ³⁵	(+) ⁶	(+)	-	-
<i>hard of hearing</i>	-	(+)	-	-	-
<i>harelip</i>	(+)	+	+	-	-
<i>hysteric/-ical</i>	-	(+) ²⁷	-	-	-
<i>infirm</i>	-	(+) ²⁸	-	-	-
<i>invalid</i>	-	(+) ¹¹	-	-	-
<i>lame</i>	-	+	-	-	-
<i>limp</i>	-	(+)	-	-	-
<i>lunatic</i>	-	+	-	-	-
<i>mad</i>	-	+	-	-	-
<i>madman</i>	-	+	-	-	-
<i>maniac</i>	-	+	-	-	-
<i>midget</i>	+	+	(+)	-	-
<i>paralytic</i>	-	(+) ⁴	-	-	-
<i>psychopath</i>	-	-	-	-	-
<i>retard</i>	+	+	+	+	(+)
<i>retarded</i>	(+)	+	(+) ³⁶	-	-
<i>spastic</i>	-	+	(+) ³⁴	-	-
<i>stone deaf</i>	-	+	-	-	-
<i>syphilitic</i>	-	(+) ⁴	-	-	-

The various techniques of toning down statements about insulting usage are familiar from the previous discussion. They include frequency adverbs (*often, sometimes*), mention of an alternative context of use (*dated or offensive* for *cripple, deaf mute, dumb, retarded* and *spastic* in *NOAD*), and singling out the noun rather than the adjective as a term to be avoided (*epileptic, hysteric, infirm, paralytic, and syphilitic* in *EWD*). The label *dated or offensive* appears especially in the digital version of *NOAD*. The corresponding entries in the latest printed edition from 2010 contain no such information (*retarded*), comment on offensiveness in a usage note only (*spastic*), or employ the label *offensive* (*dumb*), *usu. offensive* (*deaf mute*), or *dated, offensive* (*cripple*) together with a usage note similar to that in the electronic update. *AHD* under **handicapped** mentions that the word is ‘widely used in both law and everyday speech’, although resented by people having physical or mental disabilities.

In the warnings against use, the central term is again *offensive*. *EWD* characterizes the noun *retard* as ‘an offensive term’ in the definition, which is followed by the label *slang insult*. The label *disparaging* makes a rare appearance in *RHD* under **retard**.

Of the five American general-purpose dictionaries, *NOAD* suggests the largest number of replacements for the words perceived as offensive. *NOAD* largely derives its content from *ODE* in the previous group, and it is therefore not surprising that alternative expressions are listed for the same words in both volumes. The terms to be avoided according to *NOAD* are the following,

with the preferred phrasing in brackets: *cripple* (> *disabled person*), *deaf mute* (> *profoundly deaf*), *dumb* (> *speech-impaired*), *handicapped* (> *disabled*), *harelip* (> *cleft lip*), *retarded* (> *developmentally disabled, having intellectual disabilities*), *spastic* (> *person with cerebral palsy*). *EWD* puts forward substitutes for *deaf mute* (> *hearing-impaired* or *hearing-and-speech-impaired*) and *handicapped* (> *physically challenged, people with disabilities*), *AHD* for the latter word only (> *disabled, people with disabilities*).

As appears from the above and Table 8, there is huge variation between the five works as regards annexing labels and usage notes to medical terms referring to patients. *W3* has a policy of omitting any observations about the offensiveness of a word, the only exception in the present data being the noun *retard* in the ‘Addenda’ section. *EWD* manifests an opposite approach, assigning as it does an admonitory remark to all except one of the lexemes studied. *AHD* and *NOAD* include a label or usage note in approximately one third of the entries analysed. The lower percentage for *RHD* than for *AHD*, *EWD*, and *NOAD* may partly stem from *RHD* being published earlier than the three last-mentioned dictionaries.

Table 8. Frequency of labelling in American general-purpose dictionaries

	<i>AHD</i>	<i>EWD</i>	<i>NOAD</i>	<i>RHD</i>	<i>W3</i>
<i>Words included</i>	25	25	24	25	25
<i>Words labelled: +</i>	4	15	2	1	0
<i>Words labelled: (+)</i>	4	9	7	3	1
<i>Percentage of labelled words</i>	32	96	38	16	4

4. Discussion and conclusion

Modern dictionaries aim at recording vocabulary as it is actually used. Many people further expect lexicographers to say something about the reactions that disputed words and phrases have aroused. As seen from the previous sections, the disagreement between the advocates of person-first language and those of identity-first language is reflected in the data from the twenty works examined. Person-first language has most clearly influenced the descriptions and recommendations in *BED*, *EWD*, and *EWCD*, which belong to the same family of dictionaries. The entries in *CED*, *ODE*, and *NOAD* also show the effects of recent deliberations about politically correct terminology. Again, it is only to be expected that *ODE* and *NOAD* would manifest similar views, being the British and American version of basically the same work. It is noteworthy that the electronic version of *CED*, constantly updated, contains many more warnings about offensiveness than the latest printed edition from 2014. Older dictionaries like *RHD*, the second edition of *OED*, and, in particular, *W3*, are often more sparing in their indications of the offensive nature of a lexeme, but recent works, as seen from *ChD*, may also be somewhat lacking in their notations.

Considering their target audience, one might expect learners’ dictionaries to assign admonitory labels and usage notes to the words examined more frequently than works aimed at the general public. The percentage of entries including warnings against use is indeed quite high in the five volumes aimed at students of English, ranging between 33 and 57. That is, however, a far cry from the figures for *BED* (96%), *EWD* (96%), and *EWCD* (100%). Among the general-purpose dictionaries, *CED* (56%), *ODE* (36%), and *NOAD* (38%) also show higher

percentages than the 33% for *LDOCE*. Terms for illness and disability therefore do not seem to manifest the same pattern in their labelling as other terms perceived as offensive, where learners' dictionaries have in earlier studies (e.g. Norri 2000) been most prone to apply warning labels and usage notes. It is possible that with some words, issues of person-first and identity-first language have been adjudged too disputable to be touched upon in a work intended for learners of English.

The lexicographers drafting the entries studied have employed various techniques of toning down their statements about offensiveness. Frequency adverbs such as *sometimes*, *usually*, and *often* appear in all four types of works, as do references to the views of 'many people' or those with the particular condition. In some of the four groups of dictionaries, users will also find double labels mentioning alternative contexts of use. In such descriptions, words like *old-fashioned* (*old-fashioned or offensive*) and *dated* (*dated or offensive*) bring to mind the euphemism treadmill, which in medicine has most clearly influenced the terminology for mental illness or disability (Burridge 2004: 165–168, Battistella 2005: 98–99, Allan and Burridge 2006: 215–216). In line with person-first language, several of the dictionaries distinguish between nominal and adjectival uses of words like *epileptic*, the noun being regarded as offensive. Differences between varieties of English are only seldom commented upon, but we do find observations about American usage in *OED* and *ODE* under **retarded** and **handicapped**, respectively.

Offensive is the term most often employed to convey the sensitive nature of the lexeme, but there are sporadic occurrences of other descriptors, including *not polite*, *disparaging*, and *term of abuse*. Learners' dictionaries occasionally enhance their comments by resorting to the stronger phrasing *very offensive* (*LDOCE* under **lunatic** and **midget**) or by describing a word as both *taboo* and *offensive* (*OALD* under **midget** and **retard**). As regards works intended for the wider public, the multiple warnings about the offensiveness of one and the same word in *BED*, *EWD*, and *EWCD* have been criticized as being excessive. If the definition already contains the phrase 'an offensive term', there is no need for a separate label stating the same thing.

In all four categories of dictionaries, replacements are suggested for *cripple*, *dumb*, *handicapped*, and *harelip*. Alternatives for *spastic* are given in some of the learners' and general-purpose dictionaries, and ways of avoiding the term *deaf mute* are cited in collegiate and general-purpose works. Similar instructions are found for *epileptic*, *midget*, *hard of hearing*, and *retarded* in a narrower range of dictionaries. In many of the substitute phrases put forth, the effects of person-first language are evident, some examples being *person of restricted growth* (for *midget*), *person with epilepsy* (for *epileptic*), *person with cerebral palsy* (for *spastic*), and *people with disabilities* (for *the handicapped*).

To conclude, it is convenient to present a summary of the treatment of the twenty-five words in the twenty dictionaries. Table 9 shows the frequency of labels and usage notes indicating offensiveness for each of the lexemes studied. Various kinds of mental and physical disabilities, especially congenital ones, are clearly perceived as an area where care is needed in the selection of appropriate vocabulary. Comparing a human being to an animal is a very frequent type of insult (Allan and Burridge 2006: 79–80), which explains the many recommendations to avoid the word *harelip*. Terms for mental illness, perhaps surprisingly, do not seem to be particularly prone to attract warnings against use, the highest percentage being the 37% for *lunatic*.

Table 9. Frequency of labelling individual words

	<i>Entries</i>	<i>Labelled: +</i>	<i>Labelled: (+)</i>	<i>Percentage of labelling</i>
<i>retard</i>	19	16	3	100
<i>cripple</i>	20	10	7	85
<i>deaf mute</i>	20	9	8	85
<i>dumb</i>	20	8	8	80
<i>midget</i>	20	12	4	80
<i>retarded</i>	20	8	8	80
<i>handicapped</i>	20	1	14	75
<i>harelip</i>	19	9	4	68
<i>spastic</i>	20	7	4	55
<i>lunatic</i>	19	7	0	37
<i>madman</i>	20	5	1	30
<i>lame</i>	20	4	1	25
<i>mad</i>	20	5	0	25
<i>stone deaf</i>	19	3	1	21
<i>epileptic</i>	20	0	4	20
<i>hard of hearing</i>	20	0	4	20
<i>invalid</i>	20	1	3	20
<i>game</i>	16	3	0	19
<i>syphilitic</i>	18	0	3	17
<i>hysteric/-ical</i>	20	0	3	15
<i>infirm</i>	20	0	3	15
<i>limp</i>	20	0	3	15
<i>maniac</i>	20	3	0	15
<i>paralytic</i>	20	0	3	15
<i>psychopath</i>	20	1	0	5

There are plenty of avenues for further research in the vocabulary for illness and disability. A chronological study of the labels and usage notes applied to these words in different editions of the same dictionary would be of considerable interest. To what extent and how have lexicographers' descriptions of physical and mental conditions been modified in the course of the decades? An anonymous reviewer for *IJL* observes that crowd-sourced dictionaries and their treatment of medical terms would also be worth studying. The reviewer cites the entry for *spastic* in *Wiktionary* as an example, the appended usage note telling the reader that the word is 'inoffensive' in the US, 'denigrating' in the UK. Besides usage information, the definitions of medical terms might benefit from a closer look. The descriptions of the conditions may be unnecessarily negative, even erroneous, as seen from Jost and Crocker's (1987) analysis of the entries for *Down syndrome* or *mongolism* in four American dictionaries. There is also a need for more corpus studies looking into the actual use of medical terminology. As shown by Halmari's (2011) article, careful analysis of the contexts of occurrence may bring to light factors influencing word choice that might otherwise go unnoticed. Lexicography would also benefit from such studies, as they would help to assess the extent to which the principles of person-first and identity-first language are in fact followed by laymen and medical professionals.

Notes

¹ Labelled *old-fashioned or offensive*.

² **The lame** ‘lame people’ has the note ‘[t]his use could cause offence’.

³ Labelled *old use or offensive*.

⁴ The noun is described as an offensive term.

⁵ Note: ‘those described by the word tend to prefer the expressions *disabled or people with disabilities*.’

⁶ The adjective has the label *often considered offensive*, the noun being described as ‘an offensive term’.

⁷ Usage note under **cripple**: ‘The noun CRIPPLE and the adjective CRIPPLED have largely been replaced by the neutral term (THE) HANDICAPPED or by the more recent and increasingly common term (THE) DISABLED.’

⁸ Note: ‘HARELIP is perceived as offensive by those who have the condition...but the term is often used in a neutral manner by others.’

⁹ The noun *hysteric* is labelled *dated; sometimes offensive*.

¹⁰ The noun is labelled *sometimes offensive*.

¹¹ Considered a dated offensive term in the sense ‘somebody who is physically challenged’.

¹² The only sense listed for the noun is ‘somebody considered wildly reckless’.

¹³ Considered an offensive term in the sense ‘a physically challenged person’.

¹⁴ The noun is labelled *dated offensive*. The senses listed for the adjective do not mention cerebral palsy.

¹⁵ The use as a noun is said to be ‘now often considered an insulting usage’.

¹⁶ Labelled *dated or offensive*. Note: ‘In the 20th century the term acquired offensive connotations and has now been largely replaced by broader terms such as “disabled person”.’

¹⁷ Said to be ‘considered *offensive* by some deaf people’.

¹⁸ Labelled *dated or offensive*. Note: ‘[*Deaf mute*] should be avoided in favour of other terms such as **profoundly deaf**.’

¹⁹ Labelled *dated or offensive*. Note: ‘the use of the first sense [‘unable to speak’] is now almost certain to cause offence.’

²⁰ Note: ‘Rather than talking about an *epileptic or epileptics*, it is better to talk about a *person with epilepsy* and *people with epilepsy*.’

²¹ Considered old-fashioned. Note: ‘The use of the word *handicapped* to describe people with disabilities is generally considered inappropriate. It is preferable to refer to someone as *having a disability* and to talk about *people with disabilities*.’

²² Labelled *dated or offensive*. Note: ‘In American English **handicapped** is still sometimes used.’

²³ Note: ‘*disabled* is the term now generally preferred’.

²⁴ **The hard of hearing** is crossreferenced to the usage note under **elderly**: ‘Referring to any group using the formula *the elderly*, *the disabled* is felt to be inappropriate because it glosses over people’s individuality and perpetuates stereotypes.’

²⁵ Note: ‘Preferred form **cleft lip**.’

²⁶ Note: ‘Use of the word **harelip** can cause offence and should be avoided; use **cleft lip** instead.’

²⁷ The noun *hysteric* is labelled *dated; sometimes considered offensive*.

²⁸ The noun is labelled *sometimes considered offensive*.

²⁹ Considered a dated offensive term in the sense ‘somebody with disabilities’.

³⁰ Note: ‘It is best to avoid using the term *invalid* when referring to people with chronic illnesses or disabilities.’

³¹ Labelled *dated or offensive*.

³² Use in the sense ‘less advanced than others in a particular (frequently specified) respect; underdeveloped, unsophisticated’ is labelled ‘orig. *Psychology*, now also *colloq.* (somewhat *derogatory*)’.

³³ Described as ‘an old-fashioned and offensive name for a person who has cerebral palsy’. The senses listed for the adjective do not mention cerebral palsy.

³⁴ Labelled *dated or offensive*. Note: ‘Today any use of the word **spastic** in relation to a person is likely to cause offence, and it is preferable to use phrasing such as *person with cerebral palsy* instead.’

³⁵ Note: ‘Although *handicapped* is widely used in both law and everyday speech to refer to people having physical or mental disabilities, those described by the word tend to prefer the expressions *disabled or people with disabilities*.’

³⁶ Labelled *dated or offensive*. Note: ‘[**Retarded**] has acquired offensive connotations in recent decades, and terms such as **developmentally disabled** or **having intellectual disabilities** are now preferred in many contexts.’

References

A. Dictionaries

- AHCD. 2007.** *The American Heritage College Dictionary*. (Fourth edition.) Boston and New York: Houghton Mifflin Company.
- AHD. 2011.** *The American Heritage Dictionary of the English Language*. (Fifth edition.) Boston and New York: Houghton Mifflin Harcourt. <https://ahdictionary.com>. Accessed on 29 June 2019.
- The Australian National Dictionary: Australian Words and Their Origins*. (Second edition 2016.) Melbourne: Oxford University Press.
- BED. 2004.** *Bloomsbury English Dictionary*. (Second edition of *Encarta World English Dictionary*.) London: Bloomsbury.
- CALD. 2013.** *Cambridge Advanced Learner's Dictionary*. (Fourth edition.) Cambridge: Cambridge University Press. <https://dictionary.cambridge.org>. Accessed on 26 June 2019.
- CED. 2014.** *Collins English Dictionary*. (Twelfth edition.) Glasgow: Collins. <http://www.collinsdictionary.com>. Accessed on 28 June 2019.
- ChD. 2014.** *The Chambers Dictionary*. (Thirteenth edition.) London: Chambers Harrap.
- Cobuild. 2018.** *Collins COBUILD Advanced Learner's Dictionary*. (Ninth edition.) Glasgow: HarperCollins. <http://www.collinsdictionary.com>. Accessed on 26 June 2019.
- Dictionary of Medical Terms*. (Fourth edition 2004.) London: A & C Black.
- EWCD. 2005.** *Encarta Webster's College Dictionary*. (Second edition.) New York and London: Bloomsbury.
- EWD. 2004.** *Encarta Webster's Dictionary of the English Language*. (Second edition.) New York and London: Bloomsbury.
- LDOCE. 2014.** *Longman Dictionary of Contemporary English*. (Sixth edition.) Harlow, Essex: Pearson Education Limited. <https://www.ldoceonline.com>. Accessed on 28 June 2019.
- MEDAL. 2007.** *Macmillan English Dictionary for Advanced Learners*. (Second edition.) Oxford: Macmillan Education. <https://www.macmillandictionary.com>. Accessed on 28 June 2019.
- MWCD. 2003.** *Merriam-Webster's Collegiate Dictionary*. (Eleventh edition.) Springfield: Merriam-Webster.
- NOAD. 2010.** *New Oxford American Dictionary*. (Third edition.) Oxford: Oxford University Press. <http://www.oxfordreference.com/browse?t0=ORO:GEN00001ORO>. Accessed on 29 June 2019.
- OALD. 2015.** *Oxford Advanced Learner's Dictionary of Current English*. (Ninth edition.) Oxford: Oxford University Press. <https://www.oxfordlearnersdictionaries.com>. Accessed on 28 June 2019.
- ODE. 2010.** *Oxford Dictionary of English*. (Third edition.) Oxford: Oxford University Press. <http://www.oxfordreference.com/browse?t0=ORO:GEN00001ORO>. Accessed on 28 June 2019.
- OED. 2000–.** *The Oxford English Dictionary online*. (Third edition, in preparation.) Oxford: Oxford University Press. <http://oed.com/>. Accessed on 28 June 2019.
- RHD. 2001.** *Random House Webster's Unabridged Dictionary* (with New Words section). (Second edition.) New York: Random House.
- RHWCD. 2005.** *Random House Webster's College Dictionary*. (Second edition.) New York: Random House.

- Thorne, T. 2005.** *Dictionary of Contemporary Slang*. (Third edition.) London: A & C Black. Wiktionary. <https://www.wiktionary.org/>. Accessed on 1 July 2019.
- WNWCD. 2014.** *Webster's New World College Dictionary*. (Fifth edition.) Boston and New York: Houghton Mifflin Harcourt.
- W3. 1961.** *Webster's Third New International Dictionary, Unabridged* (with Addenda section, 1966–2002). Springfield: Merriam-Webster.

B. Other literature

- Allan, K. and K. Burridge. 2006.** *Forbidden Words: Taboo and the Censoring of Language*. Cambridge: Cambridge University Press.
- Atkins, B. T. S. and M. Rundell. 2008.** *The Oxford Guide to Practical Lexicography*. Oxford: Oxford University Press.
- Battistella, E. L. 2005.** *Bad Language: Are Some Words Better than Others?* New York: Oxford University Press.
- Béjoint, H. 2010.** *The Lexicography of English: From Origins to Present*. Oxford: Oxford University Press.
- Benson, M., E. Benson and R. Ilson. 1986.** *Lexicographic Description of English*. Amsterdam: Benjamins.
- Bickford, J. O. 2004.** 'Preferences of Individuals with Visual Impairments for the Use of Person-First Language.' *Re: view: Rehabilitation Education for Blindness and Visual Impairment* 36.3: 120–126.
- Burridge, K. 2004.** *Weeds in the Garden of Words: Further Observations on the Tangled History of the English Language*. Cambridge: Cambridge University Press.
- Collier, R. 2012.** 'Person-First Language: What it Means to be a "Person".' *Canadian Medical Association Journal* 184.18: E935–E936.
- Cowie, A. P. 1999.** *English Dictionaries for Foreign Learners: A History*. Oxford: Oxford University Press.
- Dieringer, S. T. and D. L. Porretta. 2013.** 'Using Effective Language Regarding Disability: The Role of Physical Educators and Coaches.' *The Physical Educator* 70: 187–194.
- Dunn, D. S. and E. E. Andrews. 2015.** 'Person-First and Identity-First Language: Developing Psychologists' Cultural Competence Using Disability Language.' *American Psychologist* 70.3: 255–264.
- Fisch, G. S. 2011.** 'Mental Retardation or Intellectual Disability? Time for a Change.' *American Journal of Medical Genetics, Part A*, 155.12: 2907–2908.
- Fischer, R. 2007.** 'Critical Creativity: A Study of "Politically Correct" Terms in Style Guides for Different Types of Discourse' In Munat, J. (ed.), *Lexical Creativity, Texts and Contexts*. Amsterdam and Philadelphia: Benjamins, 263–282.
- Foreman, P. 2005.** 'Language and Disability.' *Journal of Intellectual & Developmental Disability* 30.1: 57–59.
- Friedman, J. H. 2017.** 'Political Correctness.' *Rhode Island Medical Journal* 100.3: 8–9.
- Gates, B. 1997.** 'What is Learning Disability: A Question of Semantics or Political Correctness?' *Journal of Learning Disabilities for Nursing, Health and Social Care* 1.2: 51–52.
- Gernsbacher, M. A. 2017.** 'Editorial Perspective: The Use of Person-First Language in Scholarly Writing May Accentuate Stigma.' *The Journal of Child Psychology and Psychiatry* 58.7: 859–861.

- Halmari, H. 2011.** ‘Political Correctness, Euphemism, and Language Change: The Case of “People First”.’ *Journal of Pragmatics* 43, 828–840.
- Hayes, C. 2010.** ‘Cerebral Palsy: Classification, Diagnosis and Challenges of Care.’ *British Journal of Nursing* 19.6: 368–373.
- Inclusive Language.* <https://www.and.org.au/pages/inclusive-language.html>. Accessed on 1 July 2019.
- Inclusive Language: Words to Use and Avoid When Writing About Disability.* <https://www.gov.uk/government/publications/inclusive-communication/inclusive-language-words-to-use-and-avoid-when-writing-about-disability>. Accessed on 1 July 2019.
- Jost, D. A. and A. C. Crocker. 1987.** ‘The Handling of Down Syndrome and Related Terms in Modern Dictionaries.’ *Dictionaries* 9: 97–109.
- Kipfer, B. A. 2013.** ‘Glossary of Lexicographic Terms’ In Jackson, H. (ed.), *The Bloomsbury Companion to Lexicography*. London: Bloomsbury, 391–406.
- Landau, S. I. 2001.** *Dictionaries: The Art and Craft of Lexicography*. (Second edition.) Cambridge: Cambridge University Press.
- Language Matters: Language and Diabetes.* <https://www.england.nhs.uk/publication/language-matters-language-and-diabetes/>. Accessed on 1 July 2019.
- Lynch, R. T., K. Thuli and L. Groombridge. 1994.** ‘Person-First Disability Language: A Pilot Analysis of Public Perceptions.’ *Journal of Rehabilitation* 60.2: 18–22.
- Lyons, J. 1995.** *Linguistic Semantics: An Introduction*. Cambridge: Cambridge University Press.
- McPherson, B. 2006.** ‘Mind Your Tongue.’ *Community Care* 1628, 32–33.
- Mittan, R. J. 2005.** ‘How to Raise a Child with Epilepsy. Part Two: Coping with Stigma.’ *The Exceptional Parent* 35.11: 58–66.
- Morton, H. C. 1994.** *The Story of Webster’s Third: Philip Gove’s Controversial Dictionary and Its Critics*. Cambridge: Cambridge University Press.
- Mugglestone, L. 2000.** “‘An Historian not a Critic’: The Standard of Usage in the *OED*’ In Mugglestone, L. (ed.), *Lexicography and the OED: Pioneers in the Untrodden Forest*. Oxford: Oxford University Press, 189–206.
- NICE Style Guide.* <https://www.nice.org.uk/corporate/ecd1/chapter/talking-about-people>. Accessed on 1 July 2019.
- Norri, J. 2000.** ‘Labelling of Derogatory Words in Some British and American Dictionaries.’ *International Journal of Lexicography* 13.2: 71–106.
- Norri, J. 2001.** ‘Scepticism in Dictionaries’ In Hiltunen, R., K. Battarbee, M. Peikola and S-K. Tanskanen (eds), *English in Zigs and Zags: A Festschrift for Marita Gustafsson*. (Anglicana Turkuensia 23.). Turku: University of Turku, 101–117.
- Norri, J. 2018.** ‘Definitions of Some Sensitive Medical Words in Dictionaries of English.’ *International Journal of Lexicography* 31.3: 253–273.
- Nunberg, G. 1990.** ‘What the Usage Panel Thinks’ In Ricks, C. and L. Michaels (eds), *The State of the Language*. Berkeley/Los Angeles: University of California Press, 467–482.
- O’Neill, B. 2011.** ‘A Critique of Politically Correct Language.’ *The Independent Review* 16.2: 279–291.
- Peirce, J. T., III. 1998.** ‘Linguistic Factors as They Relate to Attitudes Towards Persons with Disabilities.’ *Journal of Applied Rehabilitation Counseling* 29.1: 31–36.

- Penn, D. L. and A. Nowlin-Drummond. 2001.** ‘Politically Correct Labels and Schizophrenia: A Rose by Any Other Name?’ *Schizophrenia Bulletin* 27.2: 197–203.
- Pinker, S. 1994.** ‘The Game of the Name.’ https://stevenpinker.com/files/pinker/files/1994_04_03_newyorktimes.pdf. Accessed on 20 November 2018.
- Rees, N. 1993.** *The Politically Correct Phrasebook: What They Say You Can and Cannot Say in the 1990s*. London: Bloomsbury.
- Reid, A. H. 1997.** ‘Mental Handicap or Learning Disability: A Critique of Political Correctness.’ *The British Journal of Psychiatry* 170.1: 1.
- St. Louis, K. O. 1999.** ‘Person-First Labeling and Stuttering.’ *Journal of Fluency Disorders* 24, 1–24.
- Starcevic, V. 2010.** ‘Euphemisms, Political Correctness and the Identity of Psychiatrists.’ *Australasian Psychiatry* 18.2: 181–182.
- Starcevic, V. 2017.** ‘Trichotillomania and Other “Manias”: A Lesson in Inconsistency, Selective Concern about Stigma and Political Correctness.’ *Australian & New Zealand Journal of Psychiatry* 51.1: 97.
- Swenson, M. M. and S. L. Sims. 2010.** ‘Words are We: A Commentary on Why Language Matters in Clinical Practice.’ *The Journal for Nurse Practitioners* 6.5: 392–395.
- Wilson, F. 2009.** ‘“Mental Health” and Prejudice.’ *Australasian Psychiatry* 17.5: 419–421.