WARNING LABELS: LANGUAGE, LAW, AND COMPREHENSIBILITY

ROGER W. SHUY
Georgetown University

THE US FOOD AND DRUG ADMINISTRATION is, among other things, responsible for setting the guidelines for the language to be used on labels or on package inserts of products which may prove dangerous to consumers if such products are not used appropriately and safely or if the products contain some inherently dangerous ingredient. The packaging of poisons, for example, must contain both a warning in clear and unambiguous language that can be easily understood and specific instructions about what to do if that poison is swallowed, touches the skin, or otherwise comes into contact with the human body.

User labeling for menstrual tampons recently has provided an interesting testing ground for the relationship of FDA guidelines to the actual package insert wording used by one of the major manufacturers of tampons. The crucial portions of theFederal regulations put forth by the Food and Drug Administration (Part 801.430) are as follows:

(b). Available data show that toxic shock syndrome (TSS), a rare but serious and sometimes fatal disease, is associated with the use of menstrual tampons. To protect the public and to minimize the serious adverse effects of TSS, menstrual tampons shall be labeled as set forth in paragraphs (c) and (d) in this section.

(c). If the information specified in paragraph (d) of this section is to be included as a package insert, the following alert statement shall appear prominently and legibly on the package label. ATTENTION: Tampons are associated with Toxic Shock Syndrome (TSS). TSS is a rare but serious disease that may cause death. Read and save the enclosed information.

(d). The consumer information required by this section shall appear prominently and legibly, in a package insert or on the package, in terms understandable by the layperson and shall include statements concerning:

(1). (i). warning signs of TSS, e.g., sudden fever (usually 102 or more) and vomiting, diarrhea, fainting or near fainting when standing up, dizziness, or a rash that looks like a sunburn; (ii). what to do if these or other signs of TSS appear, including the need to remove the tampon at once and seek medical attention immediately;

(2). the risk of TSS to all women using tampons . . . especially the higher reported risks to women under 30 and teenage girls . . . and the risk of death from contracting TSS.

(3). the advisability of using tampons with the minimum absorbency needed . . . ;

(4). avoiding the risk of getting . . . TSS by not using tampons and . . . by alternating tampon use with sanitary napkin use . . . ;

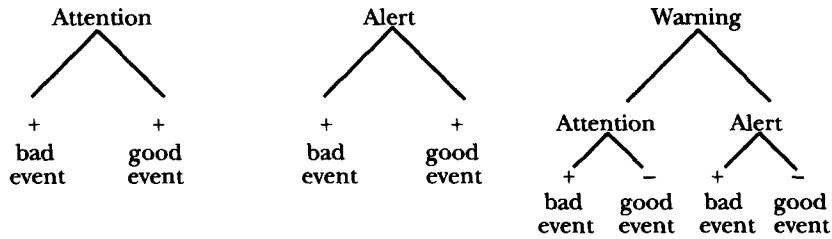
(5). the need to seek medical attention before again using tampons if TSS warning signs have occurred . . . or if women have any questions about TSS or tampon use.

There can be no question but that the intent of FDA regulation 801.430 is to instruct manufacturers to inform consumers that there is an association between tampon use and TSS and that there is a risk involved in using tampons. The FDA does not specify the exact wording of most of this warning label, but it is explicit as to the information that is required, the prominence and legibility of certain wordings, and the comprehensibility of the wording to the average layperson.

Nor do the FDA regulations specify that any specific caption be labeled "warning." In fact, the two sentences that the FDA does require—see (c) above—are referred to as an "alert" statement which is to use the word "attention" and not "warning." The regulations carefully sidestep the need for the manufacturer to warn users about its product but the FDA does ask the manufacturer to warn about the signs and dangers of toxic shock syndrome, in paragraphs (d)(1) and (d) (2).

FDA's use of the words *alert* and *attention* here is noteworthy in itself, for both words can be found within the semantic network of the word *warning* but not at the nodes where potentially bad or harmful events may occur (see figure 1). That is, one does not warn about a potentially good eventuality, whereas one can alert a person or request the attention of a person to a potentially bad OR good event. It should be noted further that typical dictionary definitions define *warning* with words like *attention* and *alert,* and they define *alert* with the word *warning* since the speaker who warns has reason to believe that the event warned about is NOT in the hearer's best interest (Searle 1969, 66).

FIGURE 1
Semantic Network: *Attention, Alert, Warning*



At issue in many civil lawsuits by women who claim to have contracted TSS as a result of tampon use is whether or not the warning labels or package inserts required by the FDA actually fulfill those requirements. In short,

their claim is that the wording selected by the manufacturers is not presented in terms understandable by the layperson. I was called by an attorney in one such case; the following is an account of how linguistics was called upon to aid the jury in its decision. In order to protect the anonymity of the parties involved, no real names will be used here.

The manufacturer of the tampon product in this case followed the FDA requirement by including what it considered to be the required information in a package insert. The consumer finds this insert upon opening the package. The insert contains printed information on both sides. One side contains instructions on how to use the product. The other side is labelled, "Important Information about Toxic Shock Syndrome (TSS)." It is important to note that the two specific sentences required by paragraph (c) of the FDA regulations do indeed appear in this insert. The package insert in its entirety may be seen in figures 2 and 3. For convenience, side one of the package insert will be referred to hereafter as "the warning statement" and side two as "the usage statement."

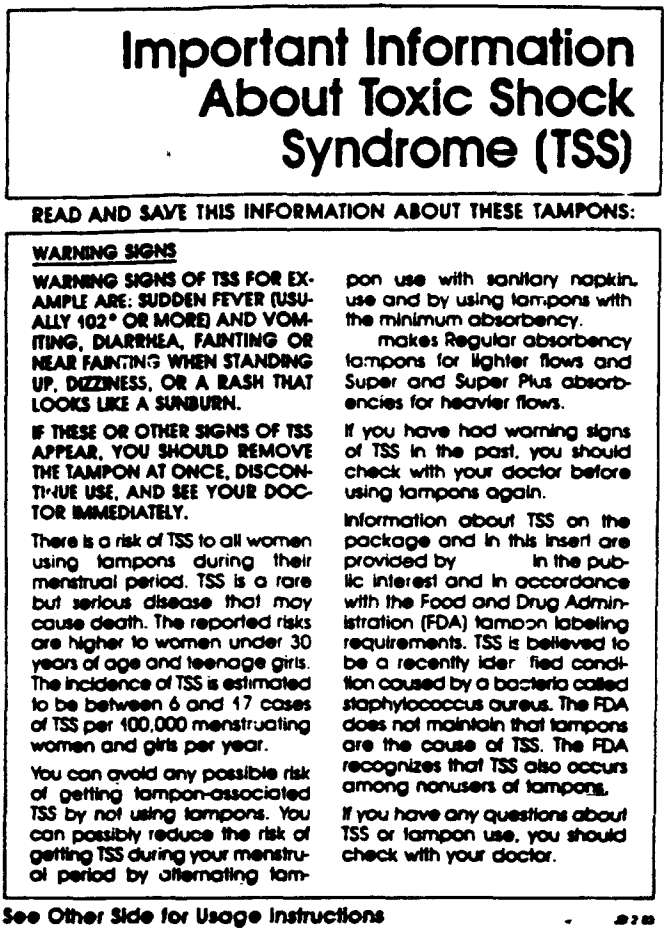
The warning statement is divisible into nine sequenced information chunks. These chunks are physically separable in the text by boxes and by paragraphs (spaces). These nine information chunks can be summarized as is shown in table 1.

TABLE 1

Information Chunk	*Location, Print Sytle*
1. Info. about TSS	title, large print in box
2. Read and save this info.	subtitle, between boxes, all caps
3. Warning signs of TSS	title, para. 1, all caps
4. If warning signs, remove tampon	para. 2, all caps
5. Risk of tampons for TSS	para. 3, lower case
6. Avoid risk by——	para. 4, lower case
7. Warning signs in past, see doctor	para. 5, lower case
8. a. This info. in public interest	para. 6, lower case
b. Tampons not cause of TSS	para. 7, lower case
9. Any questions, see doctor	para. 8, lower case

It should be kept clearly in mind that at issue in this civil case is whether or not the association between tampon use and TSS is made understandable to the average consumer. This is really a two-part question: "Is the association made at all?" and "Is it made in a comprehensible manner?" The answer to the first question is "yes"; the association is indeed made. The answer to the second question concerning comprehensibility was the focus of the litigation. Since to associate tampon use with TSS was the main purpose of the FDA requirements in the package insert alert, one might expect to find this association forthright and explicit in the nine individual

FIGURE 2
Side One of Tampon Package Insert



Important Information About Toxic Shock Syndrome (TSS)

READ AND SAVE THIS INFORMATION ABOUT THESE TAMPONS:

WARNING SIGNS

WARNING SIGNS OF TSS FOR EXAMPLE ARE: SUDDEN FEVER (USUALLY 102° OR MORE) AND VOMITING, DIARRHEA, FAINTING OR NEAR FAINTING WHEN STANDING UP, DIZZINESS, OR A RASH THAT LOOKS LIKE A SUNBURN.

IF THESE OR OTHER SIGNS OF TSS APPEAR, YOU SHOULD REMOVE THE TAMPON AT ONCE, DISCONTINUE USE, AND SEE YOUR DOCTOR IMMEDIATELY.

There is a risk of TSS to all women using tampons during their menstrual period. TSS is a rare but serious disease that may cause death. The reported risks are higher to women under 30 years of age and teenage girls. The incidence of TSS is estimated to be between 6 and 17 cases of TSS per 100,000 menstruating women and girls per year.

You can avoid any possible risk of getting tampon-associated TSS by not using tampons. You can possibly reduce the risk of getting TSS during your menstrual period by alternating tampon use with sanitary napkin use and by using tampons with the minimum absorbency.

makes Regular absorbency tampons for lighter flows and Super and Super Plus absorbencies for heavier flows.

If you have had warning signs of TSS in the past, you should check with your doctor before using tampons again.

Information about TSS on the package and in this insert are provided by in the public interest and in accordance with the Food and Drug Administration (FDA) tampon labeling requirements. TSS is believed to be a recently identified condition caused by a bacteria called staphylococcus aureus. The FDA does not maintain that tampons are the cause of TSS. The FDA recognizes that TSS also occurs among nonusers of tampons.

If you have any questions about TSS or tampon use, you should check with your doctor.

See Other Side for Usage Instructions

information chunks. One might not expect all information chunks to make the association, but the sequential pattern ought to do so.

My analysis of the nine chunks is shown in table 2. Significant here is that the association of tampon use with TSS is first made explicit in the fifth information chunk. Up to that point, the reader has been given information about TSS, but this information has not been connected or associated with tampon use. A cardinal principle of comprehension is that the writer should not cause the reader to have to infer the intended meaning. To be given information about TSS without explicit association with tampons, even though the text is in a tampons package, requires the reader to INFER that association.

The warning section also fares poorly if viewed in light of at least three of the four maxims of Grice's Cooperative Principle (1975): QUANTITY, RELATION, and MANNER. (There is no way for us to be certain as to the maxim of QUALITY, which Grice defines as the truth or falsity of what is being said.)

FIGURE 3
Side Two of Tampon Package Insert

Tampons Usage Instructions

- Tampons are not recommended for use between periods.

Before Using Tampon

- Examine the barrel of the applicator for imperfections. Make sure the petals at the tip are closed and rounded. If you note any flaw, DO NOT USE.

- For ease of later removal, pull on the strings to make sure they are firmly attached.

To Insert

- Relax — either stand (legs apart and knees slightly bent or one foot on the toilet) or sit (knees apart).
- Hold applicator with thumb and middle finger at rings only. DO NOT PUSH PLUNGER YET.

- Insert applicator into vagina and slant toward lower back until fingers touch your body.

- Use forefinger to GENTLY push plunger until flush with outer tube. KEEP BARREL AS STATIONARY AS POSSIBLE.
- Withdraw applicator.
- GENTLY tug on removal strings until you feel slight resistance. Tampon is now properly positioned for maximum leakage protection.

Changing and Removal

- Change tampon at least two to three times a day.
- To remove, take same position used during insertion and pull down GENTLY on strings. Flush away used tampon.
- Remove last tampon at the end of your period.

Disposal

- Do not flush applicator in toilet.

See Other Side for Toxic Shock Syndrome Information

TABLE 2

Information chunk	*Association with TSS*
1. Info. about TSS	none
2. Read and save this info.	none
3. Warning signs of TSS	none
4. If warning signs, remove tampon	implied
5. Risk of tampons for TSS	yes
6. Avoid risk by——	yes
7. Warning signs in past, see doctor	yes
8. a. This info. in public interest	none
b. Tampons not cause of TSS	disassociation
9. Any questions, see doctor	implied

The maxim of QUANTITY requires one to make one's "contribution as informative as is required." To be informative, the main idea or gist of the message should be made early and well. Simply having all the proper pieces of information is not enough. In this case, the manufacturers could honestly say that their package insert contained all of the pieces of information required by the FDA regulations. What was overlooked was not information but informativeness. Appropriate information can be presented in such a way that comprehension is not achieved and the reader's endurance to persevere until informed is seriously impeded. For this reason, at least in western societies, good communicators put their gist on the table early, telling the readers what they are going to tell them, establishing the main point at the outset—not saving it for the fifth information chunk.

The RELATION maxim requires that the information given be "relevant." Relevance can be viewed in many ways: relevance to the writer, for example, may be quite different from relevance to the reader. Each has different world knowledge, experience, intentions, and goals. Good expository writers write from the perspective of the reader, especially if the writer genuinely wants the reader to be informed. To be cooperative, writers make their points clear throughout the text, not fading in and out and not expecting the reader to make the needed connections between the separate bits of information provided.

The MANNER maxim requires that the information be "unambiguous." To avoid ambiguity, the writer does not leave it to chance for the reader to make the connections. Associations are made explicitly, not implied. Ambiguity happens not just through words but between paragraphs as well. The good writer does not provide information about X, then information about Y, and then expect the reader to infer the connection of X and Y.

It is true that the tampon insert shown in figures 2 and 3 makes the association between TSS and tampon use explicitly in information chunk (5); because no explicit connection has been made up to this point, many readers will not have endured and will see little point in reading further about the separate and unconnected topics of TSS and tampons. Even if readers manage to endure reading up to information chunk (8b), they are reassured, at this point, by the disclaimer that the FDA has not been able to establish the single causal connection of TSS with tampon use, even though they have been told earlier that tampons ARE associated with TSS. However true this may be, this statement diffuses the effect that generated the warning in the first place.

Concerning the readers' perspective, the analyst can make considerable use of the principle of the GIVEN–NEW CONTRACT. This principle states that

there are two kinds of information: GIVEN (already known) and NEW (not known). Good writers try to make statements congruent with their knowledge of the readers' mental views or knowledge of the world.

There are also two other ways of categorizing information: that which is EXPLICIT, requiring no guesswork about its meaning, and that which, though not explicit, can be EASILY INFERENCED, based on the congruence of writers' and readers' perspectives. The sentence *He came today*, for example, is inexplicit. To know who *He* refers to, the reader and writer have to share certain knowledge.

If *He* is new information, there is no good reason to expect readers to comprehend it. They might guess, or infer, but when they do this they risk a very good chance of being wrong. Good writers try to avoid misleading presuppositions. When they KNOW that the readers' knowledge is not the same as their own, they avoid writing things which contain presuppositions and which require readers to infer meaning. They do this by taking the readers' perspective. They start with given, not new information. Good teaching is said to begin with the students WHERE THEY ARE (given information) and to lead them to where the teacher WANTS THEM TO GO (new information).

Now, looking at the insert, we see that the writers have provided nine information chunks, all NEW. There is NO GIVEN (old) information here, except possibly for chunk (7).

Contrast this for a moment with where the tampon user actually is. It is assumed that she needs a tampon. She has bought a package. She opens it up to use one. She finds an insert. If she reads it, it announces important information about TSS. If she reads further, she is told to read this and save it. Next she is given a set of the warning signals of TSS. Unless she is very knowledgeable about the world of medicine, she has STILL not been given any information as to WHY she should read this and save it. She does not have TSS as far as she knows, but she does need a tampon. Nothing is here to connect with HER world.

The insert begins with the effects of something unknown, not of something known. The cause of danger might attract her attention. However, the effects of that cause are out of sequence and do not consist of familiar information.

All this draws us back to the purpose of the insert in the first place. Although the FDA does not insist on the word *warning* on the insert, the gist of the phrase in regulation 801.430 is just that. The regulation does use the word *alert* 'watchful, warning, be on guard, be ready'. By definition, a warning tells a reader that something bad could happen if a certain course of action is followed. This bad event is not in the reader's best interest, and

it is not obvious to the reader that the bad event will occur (Searle 1969). To tell the reader this, one gives a warning.

There are two obvious aspects of warnings which must be stated. The very nature of a warning, involving the urgency of impending disaster, suggests that directness will be more felicitous than indirectness. A second aspect of a warning is that it warns about the impending disaster, not about the component elements of that disaster. To illustrate, let us take the example of a traditional railroad-crossing warning sign. If we were to follow the format used by this tampon manufacturer, the sign before a railroad crossing would read something like the following:

1. Important information about accidents.
2. Read this sign.
3. People can get hit by trains. If you are on the tracks and see a train coming, drive faster to get away.
4. Or avoid the train by stopping first.
5. Danger!
6. Avoid danger by stopping, looking, and listening.
7. If you have been hit by a train, call an ambulance.
8. Trains are not the only cause of accidents.
9. If you have any questions, call Amtrak.

Such a warning sign would be, of course, ludicrous. Chunks (5) and (6), the heart of the warning, are well hidden within the text. To be sure, they are present; the railroad could say that drivers and pedestrians had been warned. The problem here is not WHETHER we are warned but where the actual warning is located in the message. The word *danger* in the hypothetical example here is, in addition, much more performative as a warning than is the tampon insert's "There is a risk to all women using tampons during their menstrual period. TSS is a rare but serious disease that may cause death." The insert does not say, "There is a danger of TSS to women who use tampons." The two sentences in the insert require the reader to infer an intersentential relationship that is not explicitly made in the text.

One obvious but crucial aspect of a warning is that it should be made about the central danger or potentially harmful event and not about something else. In the hypothetical railroad crossing example above, chunk (3) reads "People can get hit by trains." But *trains* are not the central danger here. The central danger is in getting *hit* by trains. The package insert in question most certainly contained warnings, but many of these warnings were about TSS rather than about the association of TSS with tampon use. With reference to the nine information chunks, the difference between warning about TSS rather than the association of TSS with tampon use is shown in table 3. The table shows that there are five clear warnings about

TSS and one implied one. There are three clear warnings about the association of TSS with tampon use and two implied ones. The fact that the three clearest warnings about the association of tampons with TSS are simultaneously warnings about TSS dilutes the effect of the connection between tampon use and TSS. The insert would have been a more felicitous warning about the association of tampon use with TSS if it had limited itself to the central task outlined by the FDA regulations—to warn about potential dangers to the user of tampons—and if it had not diluted this warning with warnings about TSS independent of its association with tampon use.

TABLE 3

Information Chunk	*Warning about TSS*	*Warning about Association of Tampon Use with TSS*
1. Info. about TSS	none	none
2. Read and save this info.	none	none
3. Warning signs of TSS	yes	none
4. If warning signs, remove tampon	yes	yes
5. Risk of tampons for TSS	yes	yes
6. Avoid risk by——	yes	yes
7. Warning signs in past, see doctor	yes	implied
8. a. This info. in public interest	none	none
b. Tampons not cause of TSS	none	none
9. Any questions, see doctor	implied	implied

The FDA regulations also specify that the "alert statement shall appear prominently and legibly on the package label." Prominence of warning is not great in the package insert in question here. The warning (the gist of the message) is tucked into the central position of the insert, preceded by information about TSS but not connected to tampons, as noted earlier, and followed by a disclaimer about causality. In fact, the disclaimer itself works to negate any derivable warning effect, resulting in a message which might well be comprehended as 'there is a risk but not much of one'.

Prominence is a notable aspect of document design. Document design is predicated on the principle that the purpose of the document dictates the design. The sequencing of information flows from the purpose. The language used and the shape of the document (white space, bullets, etc.) serve the sequencing and purpose (*Guidelines for Document Designers*, 1981).

How well designed is the tampon insert in question? I compared the Alert/Warning portion (side one) and the Usage portion (side two) with respect to LANGUAGE, DISCOURSE SEQUENCING, and DOCUMENT DESIGN.

Comprehensibility of language has been an issue for decades in the field of reading, especially since former President Carter's campaign for clear writing in government and industry. Great controversy exists over the value

of the many so-called readability formulas that have been offered as simple measures of a text's comprehensibility. Many such formulas, including the one used by some insurance companies, the Flesch Test, place a high value on short words over long ones and short sentences over long ones. Such measures overlook other salient aspects of readability, such as syntactic depth, intersentential relationships, and abstractness/concreteness of nouns. Nevertheless, using even these simple measures, the language of the Usage instructions wins hands down over that of the Alert/Warning section, as table 4 shows.

TABLE 4

	Usage	*Alert/Warning*
Number of words	180	286
Number of sentences	19	15
Words per sentence	9.4	19.0
Syntax:		
dependent clauses	3	5
verbal compounds	1	5

It is often said that some half of all American readers cannot process sentences over 13 words long. Obviously, a manufacturer concerned about communicating a danger message would make the sentences shorter than 13 words in order to make the Warning section as readable as possible. The fact that the Usage portion fell well within that limit indicates that the manufacturer's text writers are quite capable of abiding by such a limit.

Likewise, a simple comparison of the SEQUENCING of information in the tampon Usage section of the insert with the Warning section is instructive. The Usage section is logically sequenced on the basis of time; the headings in this section move from 'prior' ("Before using Tampon") to 'present' ("To Insert") to 'after' ("Changing and Removal," then "Disposal"). The instructions follow exactly the sequence in which a user will come in contact with the product, a prescribed recipient design format.

The Warning section, however, is quite disorganized in terms of temporal sequence, as follows:

'existential'	warning signs of TSS
'future'	if warning signs, remove tampon
'future'	risk of tampons for TSS
'future'	avoid risk by——
'past'	warning signs in past, see doctor
'present'	this info. is in public interest
'existential'	tampons not cause of TSS
'future'	any questions, see doctor

With respect to DOCUMENT DESIGN, the two sides of the insert likewise show considerable differences in effectiveness. As table 5 indicates, the Warning

section is crowded with words, in sharp contrast with the Usage section. Bullets are used to highlight equivalent points in the Usage section but are totally absent in the Warning section. The Usage section contains three simple, but effective, line illustrations. The Warning section has none. Subheadings are used in the Usage section to mark the organization for the reader's easy processing; there is only one such subheading in the Alert section, and it comes at the very beginning of the text. One subheading argues, by its very existence, for additional subheadings. Having only one indicates incompleteness. Finally, the Warning section contains twelve consecutive lines of all capital letters, producing a readability problem of its own since readers are unaccustomed to seeing texts all in capital letters.

TABLE 5

	Usage	*Warning*
lines of text	47	58
full lines	22	50
% of full lines	47%	86%
bullets	13	0
illustrations	3	0
subheadings	4	1
max. consecutive lines of all-capital letters	1.5	12

One might consider the document design weakness of the Warning section as an oversight if the same oversight had also occurred in the Usage section in the same package insert.

SUGGESTIONS FOR REVISION. Although it is not incumbent upon the expert witness in such trials to describe ways that the text could have been improved to make the insert better fit the FDA regulations, the defendant's attorney asked me anyway to do so during cross-examination.

I had pointed out that although the Warning insert had used the words required by the FDA regulations, it had done so in such a way that the meaning intended by the regulations could not likely be understood by the average layperson reader. Although I did not provide an on-the-spot rewording of the entire Warning insert, I did provide an outline for it.

Taking the existing information chunks, I suggested a reordering as a beginning step. The title, for one thing, should contain warning words, in keeping with the speech act required by the FDA. I suggested either *Warning* or *Danger* as the title of the insert, followed by an explicit statement associating tampon use with Toxic Shock Syndrome.

Chunk (5) of the insert, the Risk of Tampon Use, should be fronted in the text to the first paragraph. This should be followed by chunk (6), How to Avoid this Risk. Following this would be chunk (3), the Warning Signs of TSS, and then What to Do if the User Observes these Warning Signs, chunks

(4) and (7). The rest of the extant Warning section is less necessary, and in some ways even harmful to the concept of a warning. In terms of document design, the twelve lines of all-capital letters should be replaced with more readable type, more white space should be provided, and, obviously, sentence length and complexity should be reduced. This was as far as I was willing to go in my suggestions for revision. The manufacturer is one of the giants in the industry. It has already paid a fee to some writer to construct the prose currently in use. There is no reason to expect a free rewriting service, even in a lawsuit.

IMPLICATIONS. This particular lawsuit was, on the whole, a rather simple one linguistically. I make no particular claim for developing any new lines of thinking or for inventing any new analytical routine. I simply reached into the tool box that my field has given me and selected the necessary tools for the problem to be resolved. In this process, I did NOT select a number of tools equally available to me. For example, there was no compelling reason to carry out a phonological analysis here. On the other hand, some aspects of syntax, semantics, speech acts, pragmatics, and discourse analysis provided me with appropriate tools for addressing the problem as defined by the lawsuit.

I make this point here primarily to underscore how relating linguistic knowledge to a problem that is located in a discipline such as law differs from our everyday practice of linguistic research. More commonly, we become interested in an issue such as language variation, language change, or syntactic universals, and we then carry out our research on such topics. This is quite appropriate behavior, of course. We take as long as we need to do our research, then work as long as we need to on our presentation of it. We do not need to worry about whether or not all of the people within our field can understand our points (let alone outsiders). In fact, if even linguists are mystified by the depth of our arguments, we can give the impression that we are quite deep in our thinking.

When we work with a problem generated by another field, however, such as law, the working conditions are quite different. We do not have the luxury of time, for example, for court dates are set by judges who have other matters to concern them.

We also have to be clear enough in the presentation of our linguistics to be able to be understood by a jury of linguistic laypersons. This can become a problem for us, because when we make ourselves clear to a layperson we tend to seem unnecessary as experts. Expert witnesses are used by the courts to assist the jury in trying a case that would otherwise be inaccessible to them. Language issues are quite deceptive in this regard, if for no other reason

than that judges, attorneys, and jurors are all expert speakers of the language. Being expert speakers, they may be unaware of the fact that they are not expert ANALYSTS of language as well. Thus it becomes quite difficult to walk the fine line between being an expert analyst and being a clear presenter of such information. The information presented in this essay regarding the civil suit brought by a young woman (who had suffered greatly from TSS) against the manufacturer of tampons was given in much the same fashion to the jury as it was presented here. I am told by her attorney that this testimony was a significant contribution to her being awarded a satisfactory financial settlement.

REFERENCES

Guidelines for Document Designers. 1981. Washington, DC: American Institute for Research.

Grice, H. Paul. 1975. "Logic and Conversation." *Speech Acts.* Ed. Peter Cole and Jerry L. Morgan. Syntax and Semantics, vol. 3. New York: Academic, 41–58.

Searle, John R. 1969. *Speech Acts: An Essay in the Philosophy of Language.* Cambridge: Cambridge UP.

I'M SITTIN' THERE: ANOTHER NEW QUOTATIVE?

In the Fall 1990 issue of *American Speech* (65: 215–27) Carl Blyth, Sigrid Recktenwald, and Jenny Wang examine the rise among younger Americans of the use of *I'm like* to introduce direct quotations. In Tuscaloosa, Alabama, I also hear *I'm sittin' there* used as a quotative, as in *I'm sittin' there, "Wow, dude! Slap bracelets!"* and *I'm sittin' there, "This is an English test?"* The speakers are twelve-year-olds. Will they outgrow it, or do grownups in Ithaca (and California) talk this way?

ELLEN STEIN
The University of Alabama Press