you." The implication of the words is just the opposite of the sense which the words themselves convey.

Again, someone asks, "What makes the baby cry?" The answer comes, "She just slipped and fell." Here the obvious intent of the answer is to lead the listener to infer from the fact as stated that the baby cried because she fell, but the words do not say so. She may have been punished an instant before she fell. In this instance, the words play for an inference upon the mind of the hearer, and he passes through a logical process to the reason he asked for and did not receive.

From these three examples you see that the hearer may get the meaning of mere words or may get an idea opposite to the meaning of the words, or may be led to infer a fact from a statement. In other words, so far, the higher sensory centers that have been called into action to interpret these three cases have had to deal (*a*) with the ordinary meaning of words, (*b*) with a previously learned connotation of some set phrase, and (*c*) they have had to draw a logical inference.

But now, setting these matters aside, let us take up an entirely different set of cases, which are not to be explained by the simple understanding of mere words, by a familiar connotation superimposed, or by a logical inference. I say to my dog in a kindly voice, "Come here, poor puppy," and he comes. I say to him, "Get out of here" in a rough voice, and he departs at once. But if I keep the voices the same and transpose the words, the dog goes at the first order and comes at the latter. It is the sound of the voice and not the words to which he reacts.

"Yankee Doodle" is a light, lilting jingle, and is commonly recited in a joyous rollicking rhythm, and at a swift pace. But suppose that Yankee Doodle's mother had just died, and that he was coming to town solely to attend her funeral. If one recites a verse of the song with this interpretation in mind, the corners of the mouth are drawn down, the voice is low and mournful, one prolongs the vowel sounds, and dwells upon the broad, open sounds that are capable of producing a lugubrious effect. Or take the first ten lines spoken by the witches in "Macbeth." No two readers would recite these lines in just the same way, because each individual feels a different emotional content in them.

All these illustrations conclusively show that we habitually depend in our speaking upon an extremely delicate and complex capacity in our hearers for the higher interpretation of the spoken word. In other words, the sensory side of voice perception is highly developed in all educated persons, and the greater the culture and refinement of the individual, the more delicate and discriminating this faculty is found to be. This is the sensory perception of vocal expression. It is hearing deeper than the mere words. It is becoming delicately sensitive to a high vocal content. In medical terms it is development of new cortical centers above the low and gross hearing center which can interpret from previous experience what the lower centers register. I feel an object in my hand. Then I say, "That is a nickel." The center of stereognosis has acted. I listen to words and say, "He is commanding." Those who cannot interpret the voice should not say, "There is no such center," but should modestly say, "In me it is yet undeveloped."

Those who hear mere words and react upon their meaning as such, or those who hear words and react upon connotations established by custom, or those who hear and act upon the logical implication of words and who sense no more in the voice, have the vocal interpretation center as yet undeveloped.

Thus much for the sensory side of voice and its interpretation. More details seem uncalled for. Clearly, it behoves you to pay some attention to the voices of your patients, to read their meaning, see their intent, sense the whole background of their voices. There are several steps to be taken in doing this. First, get the individual's vocal norm; then study usual variations under normal conditions; then look for his pathological vocal changes. Thus you will be ready to judge and interpret a voice in any mood.

The nurse should develop her powers along these two channels: first, she should train her ear and mind to catch the most delicate, half-hidden shades of meaning that words can be made to carry, in order that she may more quickly understand the needs and feeling of her patient; secondly, she should train her imagination and her voice to such a degree that she will be able instantly to place an intense content, a great weight of added meaning, upon the mere words that are uttered. The sympathy and understanding expressed in the tones of a finely modulated voice are more effective in gaining a patient's confidence than any mere words uttered in a careless tone can ever be. But it is only the trained voice, with the keen, alert brain back of it, that can accomplish this.

We advise our readers to follow Dr. Swift's advice, and to take trouble to cultivate their voices.

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