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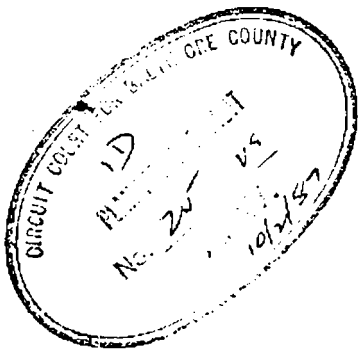

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ent of an Industrial Transference Board "for the purpose of ... the transfer of workers, and in particular of miners, ... portunities of employment in their own district or ... e no longer available."

House of Commons Official Report Dec. 7, 1927. (J. H.)

DUSTRIAL WELFARE AND MEDICINE, a term in Great Britain to embrace not only the activities of indus- medical services but the control of environment and working tions, the study of the effects of poisons and other occupa- l health hazards and the investigation of the mortality and idity experience of occupational groups. In the United States ork is called industrial hygiene. The subject is treated here o sections: A. *Great Britain* and B. *The United States.*

GREAT BRITAIN

dustrial Welfare.—The movement, which was only embry- before the World War, received great impetus in Great in from the recommendations of the Health of Munition ers' Committee. The work includes needs within and outside ictory. Within the factory it covers the selection of workers ngagement; supervision of general behaviour; of progress apprenticeship; of transfer and disposal of workers; of al cleanliness, ventilation and temperature; of canteens; nbulances, rest-rooms and first-aid; of cloak-rooms, sani- conveniences and of overalls. Outside the factory it covers ng accommodation, transit facilities, sick visiting, recreation ducation. The keeping and studying of personal records of ags, sickness and accidents is required. Welfare committees osed of workers are found invaluable to the activities of re superintendents.

e Home Office obtained powers under the Police, Factories, Act 1916, enabling the Secretary of State by order to ... ccupiers of factories to make reasonable provisions re- ... angements for preparing or heating and taking meals; ... drinking water; the supply of protective clothing; ... and first-aid arrangements; the supply and use of ... in workrooms; facilities for washing; accommodation for ng; arrangements for supervision of workers." Under these s more than 14 orders had been made by the beginning of concerned with the special needs of different industries. At ume time a series of valuable pamphlets have been issued to rth how the requirements of the orders can be complied with. n on these lines continues; but already some matters have ae of general application, thus drinking water must now be ied in all factories, while the provision of first-aid has be- generally compulsory under the Workmen's Compensation 923.

ner activities which may be called "voluntary" welfare de housing efforts, recreation grounds, institutes, educational ies, nurses and sick visiting, canteens and dental clinics at ries; all provide examples of extension of factory welfare ut legal compulsion.

1872 the Metalliferous Mines Regulation Act called for ac- odation for persons employed in metalliferous mines to dry nienty and change their clothes. In 1910 the Mines Acci- (Rescue and Aid) Act gave power to make orders relating a) The supply and maintenance of appliances for use in res- ork, and the formation and training of rescue brigades; (*b*) supply and maintenance of ambulance appliances and the ng of men in ambulance work.

e Coal Mines Act of 1911 contained, too, an important providing for accommodation and facilities for taking and drying clothes where the majority of workmen employed ... desire such. Unfortunately this clause was a dead letter ... me half-dozen collieries. But under the Mining In- ... 920, welfare work for miners received a great impetus. ... ovides a fund, derived from a levy of 1d. a ton on the t of each mine every year, to be applied for purposes con- d with social well-being, recreation and conditions of living rkers, and with mining education and research.

e fund amounts to about £1,000,000 a year; its allocation is ted by an independent central committee on which both min- ers and colliery owners are represented. Four-fifths of the contributions coming from each coal-field must be spent within that field: the remaining one-fifth of the fund is devoted to welfare matters of mutual interest to the whole industry, such as the promotion of research into safety and health, and the provision of higher education for miners and their families. Expenditure from the fund is now year by year keeping pace with contributions. The Act of 1920 was due to expire in 1925, but the success achieved by the activities thus instigated led to prolongation of the life of the levy to the fund for a further period of five years. The total credits of the fund on Dec. 31, 1928, amounted to £7,883,105.

The provision of pithead baths has been insured by part III. of the Mining Industry Act 1926, which placed a levy on royalties, "the royalties welfare levy." The sum so raised is made over to the central Welfare committee to be devoted to the provision of pithead baths.

The central committee consults with district committees concerning the amount and purposes of grants in each district. The activities of the fund (with the one exception of allocations for pithead baths) deal with needs *outside* working hours; while progress in factory welfare made under statutory orders is extending with regard to needs *within* working hours. The contrast is sharp.

In the case of factories voluntary effort is forwarding outside welfare schemes; but in the mines no similar efforts are taking place with regard to such needed inside welfare as the provision of drinking water, improved lighting, or pithead kitchens.

The procedure followed in these two lines of advance is also in contrast. Factory welfare proceeds through statutory orders, compliance with which can be enforced; while mining welfare consists of activities, originated and pursued by the mining community, but financed through a statutory levy.

Industrial Fatigue.—The maintenance of health, especially that of women and young persons, has always been a driving force in the code of legislation controlling factories and mines, but its close study is practically a new science, known technically as the study of industrial fatigue. In Great Britain the study is pursued on general principles by the Industrial Fatigue Research board, an integral part of the Medical Research council. This board came into existence in 1918, owing to appreciation of a national need for intensive investigation to which attention was directed during the War by the activities of the Health of Munition Workers' Committee. Problems of interest to particular establishments are tackled by the National Institute of Industrial Psychology (*see* INDUSTRIAL PSYCHOLOGY). Much practical knowledge as to human activity, embodied in some 50 reports issued by the board, and in the Journal of the Institute, has been placed on a scientific basis.

Certain points may be succinctly stated: work is necessary to health, and health is needed for efficient work; even, steady work is better than spasmodic efforts; an optimum temperature, which should vary about a mean, exists for each process and is associated with best output, least sickness and fewest accidents; ventilation is to be read in the stimulating effect of air movement, rather than in change of air; rest periods during long spells of work, particularly if posture is changed, may increase output and lessen monotony; monotony in repetitive work, in temperature, in ventilation, in long spells of activity without pauses, and even in food supply, is disadvantageous; good factory canteens improve health and output; change of personnel; *i.e.*, labour turnover, reduces production and increases lost time due to sickness and accident; suitable overalls create pride in work and in person; vocational training adds joy to work; vocational selection on engagement increases output and reduces labour turnover; certain workers exhibit a predisposition to sustain accidents and should be employed where accident-risk is at a minimum; the tendency to sustain accidents is associated with a tendency to fall sick.

Industrial Medicine.—This deals with the prevention of sickness and the restoration to health of the disabled. Modern research has enabled important protective measures to be adopted, and established the tremendous importance of personal, as contrasted with mechanical, factors; they account for 80% of industrial acci-

dents. Further, just as in the case of sickness, the newly employed and those who are not quite well are disposed to sustain accidents. Action should, therefore, aim at interesting workers in accident prevention through the safety-first movement (*see* SAFETY FIRST), at reducing labour turnover, at maintaining health, and at eliminating the susceptible. Under the heading of accidents are here included sudden gassings; *e.g.*, from carbon monoxide, nitrous fumes and arseniuretted hydrogen, as well as caisson disease.

Information as to the occurrence of certain occupational diseases; *e.g.*, anthrax, toxic jaundice, chrome and epitheliomatous ulcerations, and poisoning from lead, mercury and arsenic, is obtained from notification sent by practitioners to the chief inspector of factories.

Compensation claims for diseases named in the schedule to the Workmen's Compensation Act 1906 give information concerning the occurrence of other diseases, of which certain troubles which particularly concern coal-miners are the most important; *i.e.*, nystagmus, and miners' beat knee, beat hand and beat elbow. Here recent investigation into causation is ahead of prevention; thus, the distressing trouble, nystagmus is associated with work for long periods in imperfectly lighted galleries of coal-mines. Owing, however, to the danger of explosions from mine-gases, the problem of improving the lighting underground is not a simple one (*see* COAL AND COAL MINING).

In contrast stands another compensatible eye trouble, cataract, which occurs among glass blowers and furnacemen exposed to glowing heat. Here means for prevention are known; they consist in wearing spectacles, the glass of which has been specially devised for cutting off heat rays, but difficulty arises in getting the workers to use them.

Further knowledge is drawn from occupational mortality records. They reveal any undue prevalence among a group or groups of workers of some particular cause of death; phthisis is the most notable example (*see* TUBERCULOSIS). Recent statistical investigation has shown that when this cause of death (*a*) is the only one in excess, its undue prevalence is due to the spread of infection among persons whose daily work brings them close together; *e.g.*, in tailoring, printing, and making boots and shoes; (*b*) is associated with excessive death-rates from other lung diseases, and occurs later in life than usual, as happens among sandstone masons, gold-miners, tin-miners, grinders of metal, some pottery workers and others, its excessive prevalence is due to inhaling fine dust of silica, which sets up a condition in the lungs known as silicosis, a condition which takes some years to develop and predisposes its victims to tuberculous infection; and (*c*) is associated with excessive death-rates from all other causes of death, and occurs rather earlier in life than usual, as happens among publicans and inn-servants, its undue prevalence is caused by excessive indulgence in alcohol.

Knowledge of causation in each case points the way to prevention: (*a*) Commodious, well ventilated and lighted premises, associated with medical examination to eliminate the tuberculous, will rid tailoring, printing and shoe-making from the scourge of phthisis. (*b*) Reduction to a minimum of risk from breathing silica dust must abolish silicosis; the problem now belongs to the technical engineer and is being solved in certain industries. The financial burden of compensation is promoting active attention to dust prevention and control. (*c*) Limitation of alcohol consumption, such as has been taking place in this country in recent years, and could be extended, has already reacted not only upon the occurrence of phthisis in industry, but also of ill health from other causes, including accidents.

Another disease to which mortality records have directed attention is occupational cancer (*see* CANCER). Workers who handle pitch, a distillation product of gas-tar, and others who mix pitch with coal-dust in the manufacture of briquettes, suffer from warts which appear on the exposed parts of the skin, and also on the scrotum. These warts show a special tendency to become epitheliomatous with the formation of "pitch" cancer. Shale-oil workers coming in contact with crude paraffin, a product obtained by distillation, similarly suffer from warts and "paraffin" cancer; but workers manipulating refined paraffin do not suffer. Chimney-sweeps have long been noted for their high death-rate from scrotal cancer which originates from exposure to soot, a distillation product of coal. Quite recently an equally high mortality from scrotal cancer has been revealed among mule-spinners in the cotton trade due to contact with lubricating oils, possibly obtained from shale. Cancer of the lips and buccal cavity is nearly confined to males who by smoking expose these parts to the distillation products of tobacco. The evidence here summarized suggests that certain products obtained by distilling vegetable substances can sensitize the skin to cancer.

Evidence from the dye industry suggests that the products in question may possibly be benzene compounds. Workers in this industry exposed to certain amino-benzene compounds, particularly benzidine and naphthylamine (compounds which, when they gain access to the body, are excreted by the kidneys), have been found to develop malignant tumours of the bladder.

Treatment during the early stages of illness and injuries sustained in occupation is not peculiar to industrial medicine, even though recent advances in orthopaedic surgery have been a great benefit to those manually employed. But in a few cases treatment is special to the disease; *e.g.*, the onset of caisson disease can be met by immediately resubmitting the victim to the high pressure atmosphere from which he has just too rapidly emerged; or, again, persons overcome by carbon monoxide gas can be best brought round by the new method of administering a mixture of oxygen and carbon dioxide through artificial respiration; while burns caused by acids or alkalis, which must be specially neutralized before ordinary treatment is applied, may be added to the list.

The convalescent stage on the contrary may be profoundly expedited by occupation, particularly where recovery is slow and tedious. The industrial convalescent tends either to return to work too soon before he is ready for full employment, when he may quickly break down again, or, by saving himself, develop bad habits; or to delay—particularly if he is receiving compensation—until he has lost skill, developed some permanent stiffness, or become neurasthenic. He needs, at an early stage, amusement to divert his thoughts; next, occupational therapy, in which work is performed for wages during limited hours, in order to occupy his mind and assist in restoring lost or weakened function; *e.g.*, a hand stiff after a wound; or lastly, vocational training for new work when he cannot return to his previous occupation.

At each stage industry can play its part, but with regard to occupational therapy and training it is the only available agency. "After-care" in workshops, and special settlements for those discharged from tuberculosis sanatoria is pointing the way, which is equally valuable for orthopaedic, mental and other cases. Occupational therapy and vocational training are rapidly coming to the front both in Great Britain and America.

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(E. L. C.)

THE UNITED STATES

Though the specific occupational diseases are numerous, a relatively small part of the sickness of working persons is due to such ailments. Apart from such disabilities as those due to faulty posture and inadequate or defective illumination, most of the

visible...ul effects of work and working environment obviously ...st be exerted upon the body or through entrance to the body ...ay of the skin, nose or mouth.

...ust, Fumes and Gases.—With little doubt, the most impor...t single occupational health hazard is atmospheric pollution ...toxic or irritant dusts, fumes and gases. Most of the industrial ...sons are air borne and through inhalation reach the lungs, while ...ain ones are in part swallowed and thus exert their effects ...ough the gastro-intestinal tract. Most dusts are made up of ...s of a wide range of sizes, from fragments readily discernible ...the unaided eye, to microscopic particles measured in fractions ...a micron. Probably one-half of the dust inhaled is exhaled; a ...ge portion of the remainder is caught by the moist mucous ...branes of the upper respiratory tract, the nose and throat. ...e is trapped on the walls of the larger tubes leading to the ...gs and much of this is driven back toward the throat and is ...inated with mucose secretion. Only the very small dust ...icles, those approximately 5 microns (1 m. = $\frac{1}{25,000}$ in.) or ...s in diameter, can penetrate far into the lungs. Dusts made up ...the particles may not be readily visible. They can be present ...en in a damp atmosphere.

Not all dust is notably harmful, nor all harmful dusts equally ...gerous. Certain dusts, such as lead and manganese, are inju...s because they are definitely poisonous. Others cause a disease ...the lungs known as pneumoconiosis. Generally speaking, in...anic dusts, as those of metals or minerals, do more damage ...an organic dusts, as vegetable or animal matter. Not infre...ently, dusts are of mixed character, inorganic dust being min...ed with organic, or are mixed inorganic ...usts, one of which may ...harmful and the others relatively harmless, or even slightly ...tective. Recent research suggests that a mixture of 1% alumi...m dust in a silica dust atmosphere inhibits the action of the ...ica on the lung. There are two known harmful dusts, silica ...on dioxide) and asbestos. Other inorganic dusts are rela...y harmless. Silica is a major constituent of sand, quartz, and ...ite. It produces a form of pneumoconiosis known as silicosis, ...acterized by a growth of fibrous tissue in the lungs accom...ied by gradual loss of normal lung function and usually, ...mately, is associated with the development of pulmonary tu...culosis. (*See* MINERS' PHTHISIS.) Asbestosis is a generalized ...e fibrosis of the lungs which causes symptoms and disability ...ster than silicosis.

Poisons cause perhaps the most clearly defined group of occu...ional diseases. The rapid progress of industrial chemistry has ...to the introduction of many substances known to be toxic, ...ile new processes are constantly being developed bringing, not ...frequently, new hazards in the exposure of workmen to poison...s substances.

Lead is used in most paints, in floor coverings, in many sorts ...f glass, commonly in brass and in solder; in plumbing installa...ns, in the storage batteries which furnish power or light for ...or cars, railroads and aeroplanes, in the rubber of tires and ...much of that used for other purposes, in modern high com...ssion gasoline, in the type and plates from which books and ...spapers are printed and in scores of other articles of common ...e. Inevitably, the men and women who produce, use or market ...any of the articles containing lead may be affected by this very ...ful substance. Reports of deaths attributed to lead have de...ed relatively in recent years, but such reports do not accu...ely reflect the actual influence of lead poisoning. There is ...ficient evidence that lead reaching the lungs is more readily ...rbed than that ingested. Some individuals are extraordinarily ...ceptible to poisoning and when exposed for even a few days ...considerable quantities of lead may be seriously affected. This ...ational personal idiosyncrasy appears in groups of workers ex...ed to any industrial poison. Acute poisoning is very rare. ...st of the cases of chronic type recognized have been exposed ...lead over a period of months or years. Death may be due di...tly to severe poisoning, but in most cases is in part attributable ...other causes, with lead as a secondary factor. The disease ad...s of prevention and control. It is quite impracticable to list ...ll the recognized industrial poisons, which number several hundred. The most important are lead and its derivatives, the volatile solvents, of which benzol is one of the most important, and carbon monoxide. There are others scarcely less important, such as mercury, arsenic, and hydrogen sulphide (*q.v.*).

Skin Affections form a very large and important group of occupational diseases involving a multitude of industries and processes. A list of skin irritants would be almost as long as that of the industrial poisons. Prominent, however, among the industrial dermatoses are the superficial cancers produced by coal tar, soot and a number of petroleum products (*see* DANGEROUS TRADES), chrome sores, a great variety of burns by powerful acids and alkalies, the dermatitis of candy workers and chocolate dippers, that of masons and plasterers and the folliculitis or infection of the hair follicles of the arms common among machinists. The causes of the many industrial skin diseases are so diverse, the conditions differ so greatly and so many simulate dermatoses of non-industrial origin that most cases call for the investigation and care of a dermatologist. A form of bladder cancer occurs among workers in the aniline dyes. This type of cancer is very difficult to cure and methods of prevention have not yet been perfected.

Ventilation.—Wholly apart from risks of atmospheric poisons, of increased or diminished atmospheric pressure and of extremes of temperature and humidity, good working conditions entail proper ventilation. The criteria of good ventilation are that air should be (1) pure rather than polluted by dust or other foreign matter, (2) cool rather than warm, (3) moist rather than dry and (4) moving rather than still.

A temperature of approximately 68° F is sufficiently high for persons engaged in sedentary or very light work and too high for those engaged in more active exertion. At 68° F the relative humidity for sedentary work should be about 45%.

Light.—A great part of the work men and women perform under modern conditions must be done in buildings dependent for light upon sources other than the sun. The aspects of industrial lighting which warrant particular consideration are its character, its adequacy and the location of the source in relation to the eyes of the worker. Apart from the question of general or focal illumination of work, a discussion of light involves consideration of the hazard of such light rays as the ultra-violet rays and of the kindred rays known as Roentgen rays or X-rays and those emanating from radium. Ultra-violet rays given off in arc welding, in arc flashes on electric switchboards and from various other sources, may produce a very distressing dermatitis or ophthalmia, the latter a congestive reaction of the conjunctivae or lining membranes about the eye. Workers with X-rays and radium or with certain other radio-active substances may develop a severe dermatitis or even cancer of the skin.

Industrial Medical Service.—The mutual interest of employer and employed in the maintenance of the health of workers has led to the establishment in the United States of hundreds, perhaps thousands, of industrial and mercantile health services, varying greatly in purpose, in degree of elaboration and in standards of professional service, but all contributing in some measure toward the furthering of the physical well being of the working men and women who utilize them. Many of the industrial medical activities found their origin in an effort to meet the need for furnishing the prompt and adequate medical care demanded of employers by the operation of workmen's compensation acts which most of the several State legislatures passed between 1912 and 1920. Many of the industrial clinics, dispensaries or plant hospitals continue to limit their activities largely to emergency surgery. There is, however, rapidly spreading a realization of the fact that sickness is more important as a cause of working incapacity than are accidents, that from 10 to 15 days are lost from work on account of illness for one lost from injuries, and that economic self-interest, if not humanity, calls for intelligent consideration of the ill health of workers and of means for its prevention or remedy.

The most simple effort to meet the medical needs of industrial workers lies in the provision of the "first-aid kits" found in most industrial establishments throughout the country. From this elemental installation, plant medical services range far in com-

plexity of organization. In many industrial dispensaries a trained, registered nurse is on duty the full working day, who usually works under the direction of a part-time or full-time physician. Few full-time physicians are engaged in plants employing less than a thousand, but many such plants employ part-time physicians. In larger establishments a reasonable ratio for adequate health protection is one physician to every 2,000 employees and one nurse to every 1,000.

Where plant medical departments serve a large organization the variety of activities may include certain or all of the following: Physical examination of labour applicants and the subsequent periodic examination of employees; re-examination of individuals transferred from one department to another; emergency treatment of minor injuries and illnesses; diagnostic aid in involved and obscure clinical conditions with guidance in the seeking of further medical counsel and care and a well-trained and competent visiting nurse service. In addition, there may be an eye clinic for the treatment of eye injuries and diseases as well as for refraction; dental clinics for the examination of the teeth of labour applicants and for the supervision of the dental hygiene of employees; psychiatric clinics for the study and guidance of cases of mental abnormality, and physio-therapy units with facilities for the care of such cases as old fractures, burns, bruises, sprains and arthritis, by baking, massage or diathermy.

A few establishments maintain sanatorium facilities for tuberculous employees, either through a private institution or through the support of beds or cottages in semi-public sanatoria. A few railroads or isolated groups operate excellent private hospitals. More frequently, industrial organizations maintain in local hospitals beds or wards, for the care of injured employees. In most instances these various services are conducted at the cost of management; in others, the cost is shared by employees, perhaps through a mutual benefit association. The problem of adequate medical service is largely confined to small manufacturing establishments. Nearly 62% of the industrial wage earners are employed in such plants.

The prime purpose of these varied industrial medical activities is not to replace or supplant the personal physicians of employees, but rather to meet emergency needs without loss of working time, production and wages; to stimulate an intelligent interest in the maintenance of health and to offer guidance in the efforts of sick or defective individuals seeking competent medical care at prices they can afford to pay. Through the study of the clinical records of the all too small portion of plant medical departments which keep trustworthy and accurate records, there is coming to light knowledge of the nature and extent of sickness among the great portion of the population engaged in industries. Such important organizations as the National Association of Manufacturers and the National Industrial Conference Board are interesting themselves in the establishment, the cost, and the accomplishments of industrial medical services throughout the country.

The Governmental Control of industrial and mercantile working conditions is not uniform throughout the States. In most of the larger industrial States, departments of labour or industrial commissions maintain inspection forces and issue regulations for the suppression of unhealthful conditions and the encouragement of safe practices in operation. Subsidiary or separate boards administer the workmen's compensation acts. Forty-six States have some form of workmen's compensation act and 22 States provide compensation for one or more occupational diseases. There are 23 States and four municipal departments of health that provide industrial services, giving advice and making examinations of occupational hazards where they may exist. The U. S. Public Health Service, through its office of industrial hygiene, has for years made many notable contributions to the subject.

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INDUSTRIAL WORKERS OF THE WORLD, THE, commonly known as the I.W.W., a revolutionary labour union organization which played in the early 20th century a considerable part in American and world labour history. It was founded in July 1905 at Chicago, Ill., as a result of a conference of Socialists and trade union leaders, of whom the most outstanding were E. V. Debs (*q.v.*), William D. Haywood, Daniel DeLeon, W. E. Trautmann, Vincent St. John and the Rev. T. J. Hagerty, who provided the first organizational plan of the union (known by Samuel Gompers' derisive nickname of "Father Hagerty's wheel of fortune"). All workers of every trade were to be accepted by the union which was, and is, subdivided into industrial sections (29 in number in 1928), craft unions not being allowed. The basis of the organization was explained in its well-known preamble "The working class and the employing class have nothing in common. . . . Between these two classes a struggle must go on until the workers of the world organize as a class, take possession of the earth and the machinery of production and abolish the wage system." (This phrasing was adopted in 1908, a previous reference to political action being deleted, as a result of a struggle in which the syndicalist element thrust out the followers of DeLeon.) The organization was bitterly opposed to the American Federation of Labor (*q.v.*) on the ground of its alleged supineness in defending its members, its toleration of inter-union craft quarrels, and the anti-revolutionary attitude of its president, Samuel Gompers (*q.v.*).

Its chief strength, originally, lay in the Western Federation of Miners, which withdrew in 1907 on the unseating by the I.W.W. of President Sherman, its nominee. Since that time its strength has varied very greatly; the figures of paid-up membership in 1906 were 60,000 and in 1919 35,000, but these figures give no reliable indication of its strength. Since the defection of the miners, the I.W.W. membership has become more and more predominant among the nomadic workers (partly foreign born) such as lumber-men, long-shoremen and "hoboes," for whom the American Federation of Labor made no provision. This class of worker rarely pays dues, except on the occasion of first taking out an I.W.W. ticket. Of the innumerable strikes directed by the I.W.W. the Lawrence, Mass., strike of 1912 was the most famous and first brought the organization into prominence. Some 30,000 textile operatives were involved and for the first time large bodies of non-English-speaking workers were led together to ultimate victory; their spirits being kept up partly by the use of the I.W.W. "red book" songs, of a coarse but vigorous character, which have since travelled across the world. In addition many "free speech fights" were undertaken, *e.g.*, in 1909 at Missoula, Mont., Spokane, Wash., Newcastle, Pa., and later more important struggles at Paterson, N.J., Aberdeen, S.D., Old Forge, Pa., San Pedro, Calif., etc. These were mostly cases in which the municipalities objected to I.W.W. propaganda and arrested the "wobbly" (the slang name for I.W.W.) speakers, the I.W.W. replying by providing a continuous stream of speakers "until the jails burst." Over 5,000 "wobblies" have been in prison. Elsewhere, especially in the western States, the history of the I.W.W. has been violent and sanguinary. The facts which led, for example, to the shooting of the organizer and poet, Joe Hill, in Utah, are greatly disputed; the murder of organizer Frank Little in Butte, Mont., has been dealt with in a Federal enquiry. (*See* the *Annual Report* of the Secretary of Labor.) In some of the States attempts were made to drive the I.W.W. out of existence.

After the World War, the general attack on "red" organizations, together with a quarrel with the Communist International (*q.v.*) gravely weakened the I.W.W. A large number of States have passed "criminal syndicalism" laws, mostly held constitutional on appeal to the Supreme Court, with the object of suppressing the I.W.W. altogether. A mass trial of over 100 prominent I.W.W. members at Chicago in Aug. 1918 resulted in a number of heavy sentences. The less important position of the I.W.W. after the war may have been due to the immigration laws which cut off the influx of unskilled labor, its most fruitful source of recruits. But whatever the cause, its influence dwindled and by 1930 it had ceased to be of social consequence.