



Notre Dame Law Review

Volume 31 | Issue 2

Article 8

3-1-1956

Legislation -- State Recognition of Doctors of Osteopathy Compared with State Recognition of Doctors of Medicine

Joseph B. Joyce

Follow this and additional works at: <http://scholarship.law.nd.edu/ndlr>

 Part of the [Law Commons](#)

Recommended Citation

Joseph B. Joyce, *Legislation -- State Recognition of Doctors of Osteopathy Compared with State Recognition of Doctors of Medicine*, 31 Notre Dame L. Rev. 286 (1956).

Available at: <http://scholarship.law.nd.edu/ndlr/vol31/iss2/8>

This Note is brought to you for free and open access by NDLScholarship. It has been accepted for inclusion in Notre Dame Law Review by an authorized administrator of NDLScholarship. For more information, please contact lawdr@nd.edu.

*Legislation*STATE RECOGNITION OF DOCTORS OF OSTEOPATHY COMPARED WITH
STATE RECOGNITION OF DOCTORS OF MEDICINE*Introduction*

Since the opening of the first college of Osteopathy in 1892 by Doctor Andrew Taylor Still at Kirksville, Missouri, and since the graduation of the first students from that school in 1894, osteopathic physicians as a class have sought equal recognition as a complete school of medicine. Osteopathy is defined by one authority as:¹

A system of medical practice based on the theory that disease is due chiefly to mechanical derangement in tissues, placing emphasis on restoration of structural integrity by manipulation of the parts. The use of medicines, surgery, proper diet, psychotherapy, and other diagnostic and therapeutic measures are included in osteopathy.

From its beginning osteopathy has flourished and grown until in 1955 there numbered 12,168 osteopathic physicians in the United States.² This number, large in itself, is small when compared with the ranks of the school of medicine, the members of which hold doctor of medicine degrees. The osteopathic physician, however, has steadfastly claimed equal rights with the doctor of medicine. The six recognized colleges of osteopathy³ maintain standards similar to medical colleges. Each of the six requires at least three years of pre-entrance work at an accredited college or university.⁴ The osteopathy course itself consists of four school years followed by a twelve month internship in an approved osteopathic hospital. For those wishing to study and specialize further, there are opportunities offered in hospital residency, preceptorship or assistantship.⁵

The colleges of osteopathy provide clinical training beginning

¹ WEBSTER'S NEW INTERNATIONAL DICTIONARY 1728 (2d ed. 1955).

² U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE GUIDANCE LEAFLETS, No. 23, OSTEOPATHY 5 (Rev. 1955). This government leaflet was the source of most of the historical material in the text.

³ *Id.* at 10. The six colleges are found in Los Angeles, California; Chicago, Illinois; Des Moines, Iowa; Kansas City, Missouri; Kirksville, Missouri; and Philadelphia, Pennsylvania.

⁴ *Id.* at 8.

⁵ McCAGHAN, OSTEOPATHIC EDUCATION 9 (1953).

in the student's third year. Standardized medical and basic science text books, as well as texts written by recognized osteopathic authorities are used in the courses taught.⁶

Upon completion of his training, the osteopathic physician seeks the opportunity to pass the same or similar state tests as those given to the graduates of medical colleges. If he passes the test, the osteopathic physician expects to be allowed the unlimited medical practice extended to the doctor of medicine. This article will point out the success or lack of success of the doctor of osteopathy in gaining this equal recognition from the various states.

The State Statutes

One who seeks to discover the recognition extended by a state to an osteopathic physician must first look at the state statutes. Often he will need look no further, for the statute itself may be very clear in spelling out the rights of an osteopathic physician. In some states, however, the statute concerning osteopathy will be so indefinite that one will need look to court cases and other material to clarify the meaning and scope of the statute. These statutes are nearly as diverse in style and approach as they are in number.

The statutes invariably provide for a state examining board which is to examine and license successful applicants to practice osteopathy. This board will often be the same board that examines applicants who wish to obtain licenses to practice as doctors of medicine. If this is the case, the applicants from the two schools of medicine are usually given identical tests, and both doctors of medicine and doctors of osteopathy serve on the examining board.⁷ In states under this examining system, all those who pass the examination, regardless of school, are given unlimited licenses to practice medicine. Alabama and Mississippi, two states that authorize the same board to examine applicants of both schools of medicine,⁸ are exceptions. The boards of both of these states are composed entirely of doctors of medicine who give separate tests to osteopathic applicants and issue only limited licenses to practice medicine to those who pass the tests.⁹

⁶ *Id.* at 8.

⁷ COLO. REV. STAT. ANN. § 91-1-3 (1953). Among the other states with composite boards to examine applicants in medicine are: Indiana, IND. ANN. STAT. § 63-1305 (Burns 1951); Kentucky, KY. REV. STAT. ANN. § 311 (Baldwin 1955); Oregon, ORE. REV. STAT. § 681.160 (1953).

⁸ ALA. CODE ANN. tit. 46, § 259 (1940); MISS. CODE ANN. § 8891 (1942).

⁹ *Ibid.*

More than half of the states have separate examining boards,¹⁰ which are usually composed entirely of osteopathic physicians, to pass on the osteopathic applicants. Usually the examinations are very similar to those given by the examining board of doctors of medicine.¹¹ The statutes set out subjects on which applicants are to be examined, and these sections of the statutes are often tipoffs as to the scope of practice that will be allowed the osteopathic physician. If the osteopathic physician's practice is limited, the limitations will invariably be in the field of surgery or drugs, or both fields. Thus, a typical limiting statute will provide that a practitioner of osteopathy cannot perform "major or operative surgery,"¹² or he cannot "prescribe or use drugs."¹³ There are other limiting statutes where only *minor* surgery is included among the subjects on which an osteopathic applicant is to be examined.¹⁴ Perhaps surgery will not even be listed among the subjects of the examination.¹⁵ These listings of subjects for the examination, however, are only indicative and not conclusive evidence of the official attitude of the particular state toward the osteopathic physician.¹⁶

Some of the states with separate boards to examine osteopathic applicants extend to those who pass the test unlimited licenses to practice in the field of medicine.¹⁷ The statute may make the license unlimited in express language,¹⁸ or it may say the license allows the holder to practice osteopathy as taught in reputable schools of osteopathy.¹⁹ Such language as that used in the latter

¹⁰ Florida is an example. FLA. STAT. ANN. § 459.05 (1952). See Comment, 47 MICH. L. REV. 565, 566 n. 5 (1945) for a listing of states with separate boards to examine osteopathic applicants.

¹¹ Florida's test for doctors of medicine is given in FLA. STAT. ANN. § 458.09 (1952). Compare it with the test given doctors of osteopathy. FLA. STAT. ANN. § 459.09 (1955).

¹² ARK. STAT. ANN. § 72-906 (1947).

¹³ *Ibid.* This same section of the Arkansas statute on osteopathy seems to hint that an osteopathic physician may take an examination before the medicine and surgery board of examiners. But an examination of the statute governing the latter board provides no effective method for an osteopathic physician to appear before that board.

¹⁴ LA. REV. STAT. § 37:1117 (1950).

¹⁵ MISS. CODE ANN. § 8891 (1942).

¹⁶ Arkansas, for example, lists "surgery" among the subjects on which an osteopathic applicant is to be examined. ARK. STAT. ANN. § 72-903 (1947). Yet, Arkansas does not allow an osteopathic physician to practice "major or operative surgery," *id.* at § 72-906.

¹⁷ Florida is such a state. FLA. STAT. ANN. § 459.13 (1952).

¹⁸ *Ibid.*

¹⁹ UTAH CODE ANN. § 58-12-3 (b) (1953).

type of statute has prompted a few courts to find the license limited in effect.²⁰ More will be said later on this point when cases involving osteopathy are discussed.

Other states with separate boards to examine osteopathic applicants require those who pass that test to take a second test before a different board, if the applicant wishes to practice surgery in his osteopathic practice.²¹ Thus, in these states, an osteopathic physician may eventually obtain an unlimited license to practice medicine but he must pass two examinations. Before he can take the second test for surgical practice, the applicant must have further qualifications in addition to the qualification that he already holds a limited license to practice osteopathy.²²

A few states do not even mention osteopaths, or osteopathic physicians, in their statutes governing the requirements one must meet to practice medicine in the particular state.²³ Yet in each of these states osteopathic physicians may be licensed and do practice medicine. The statutes in these few states are so worded as to allow qualified applicants to take examinations regardless of the school of medicine to which the applicant belongs, and if he passes the test for an unlimited license, the license is his.

Many of the statutes in the states refer to osteopathic practitioners as physicians or as osteopathic physicians,²⁴ but some do not use the word physician in their statute governing osteopathy.²⁵ The omission of the word "physician" may lead to trouble for osteopathic physicians in the courts, when interpretation is needed of a statute in *pari materia* concerning who shall be licensed to use drugs, or who shall be excluded from the requirements of the statutes governing the profession of optometry.²⁶ These statutes in closely allied fields may refer loosely to physicians, in which case the courts have sometimes refused to recognize practitioners of osteopathy as physicians,²⁷ because of the omission of that term by the legislature from the statute governing osteopathy in the given state.

Of the states that limit the practice of medicine by the osteopathic physician, Maryland is the most extreme, going so far as to

²⁰ *State v. Moore*, 154 Kan. 193, 117 P.2d 598 (1941).

²¹ IOWA CODE ANN. §§ 150.5, 150.7 (1949).

²² *Ibid.*

²³ See the medical practice acts of New Hampshire, N. H. REV. LAWS c. 250 (1942); Texas, TEX. REV. CIV. STAT. ANN. arts. 4495-4512 (1951); Wyoming, WYO. COMP. STAT. ANN. §§ 37-2001-37-2017 (1945).

²⁴ The statutes of Iowa are an example, note 21 *supra*.

²⁵ WASH. REV. CODE §§ 18.57.010-.241 (1951).

²⁶ *State v. Rust*, 119 Wash. 480, 206 Pac. 33 (1922).

²⁷ *Ibid.*

refuse to allow him to sign any of the medical certificates required by state law, such as birth and death certificates.²⁸

The statutes of approximately two-thirds of the states, after all provisions of the statutes are carried out by those who wish to do so, result clearly in extending an unlimited license to practice medicine to the osteopathic physician²⁹ (or the osteopathic physician and surgeon, as he is often called in those states where the practitioner has been required to pass two independent tests to reach his lofty status). A few states, the statutes of which at the worse seem non-committal on their faces, have extended an opportunity for only a limited practice of medicine because the courts of these states narrowly interpreting the statutes before them against osteopathic practitioners.³⁰

The Court Decisions

Up until perhaps the late thirties, osteopathy, as a school of medicine was getting the worst of it in the state courts. The unfavorable decisions can be traced, at least in part, to a few definite factors. (1) Osteopathy was a relatively recent school of medicine and was therefore subject to natural suspicions which often meet new ideas in far less important fields of study to the public than medicine. (2) A few who claimed to be practitioners of osteopathy in the early days of the school would claim that they did not practice medicine, because they did not use surgery or drugs.³¹ These claims were used as a defense to prosecution in court for practicing medicine without a license. This defense may have been useful to the particular defendant, but it did tremendous harm to the osteopathic profession as a whole. Thus, when later the profession appeared in court attempting to establish its equality with the doctors of medicine, and when it would try to present proof that drugs and surgery were taught and used in the profession, the old unfavorable cases would rise up and seriously damage the profession in the case at bar.³² Thus in 1933, one authority had the

²⁸ MD. ANN. CODE art. 43, § 439 (1951).

²⁹ The states are listed at the conclusion of this article, see note 49 *infra*.

³⁰ Georgia and Kansas statutes seem to extend equality in medical practice to osteopathic physicians, but the courts have not so interpreted them. See note 43 *infra*.

³¹ *People v. Gordon*, 194 Ill. 560, 62 N.E. 858 (1902); *State v. MacKnight*, 131 N.C. 717, 42 S.E. 580 (1902); *Nelson v. State Bd. of Health*, 108 Ky. 769, 57 S.W. 501 (1900).

³² *State v. Baker*, 229 N.C. 73, 48 S.E.2d 61 (1948); *Palmer v. O'Hara*, 359 Pa. 213, 58 A.2d 574 (1948); *State v. Sawyer*, 36 Idaho 814, 214 Pac. 222 (1923).

following to say concerning state recognition of osteopathic practitioners: "It is generally provided by statute and held that an osteopath can neither prescribe or give drugs or any internal curative medicine."³³ Today the exact contrary is true; and in most states, as pointed out previously, doctors of osteopathy can attain legal equality with doctors of medicine. Let us explore more closely how this has come about.

Most of the cases unfavorable to the osteopathic profession have been later overruled, in effect, by legislation.³⁴ In fact, this seemingly has been the only effective way to escape from an unfavorable court decision by the profession, for no cases were found in any state that overruled prior unfavorable decisions.

But the more recent cases, because of better understanding of the osteopathic profession and more favorable state statutes, have usually upheld the equal rights of the osteopathic physician in the field of medicine.³⁵ When the courts actually took evidence on whether members of the osteopathic profession had been taught the use of, and were in fact using surgery and drugs in their practices, the courts found that osteopathy did include surgery and drugs.³⁶

In a few states where the statutes governing osteopathy extend the right to an unlimited practice of medicine to osteopathic physicians, administrative boards formed to effectuate the statutes sometimes have discriminated against osteopathic applicants. Usually these jurisdictions are states requiring the osteopathic applicant to pass two tests before he can practice medicine without limitation. In Illinois, for example, a very recent case³⁷ gives a startling view of systematic discrimination practiced for years against members of the osteopathic school. The facts of the case were as follow: On May 31, 1949, the Chicago School of Osteopathy filed an application with the Illinois Department of Registration and Education, pursuant to law, for inspection and approval as a college "reputable and in good standing" for the teaching of students in the treatment of human ailments, so that graduates thereof would be permitted to take the examination for a

³³ Annot., 86 A.L.R. 613, 626 (1933).

³⁴ Examples would be *People v. Gordon*, 194 Ill. 560, 62 N.E. 858 (1902); *Nelson v. State Bd. of Health*, 108 Ky. 769, 57 S.W. 501 (1900).

³⁵ *Gates v. Kilcrease*, 66 Ariz. 328, 188 P.2d 247 (1947); *Chicago College of Osteopathy v. Puffer*, 5 Ill.2d 441, 126 N.E.2d 26 (1955); *Stribling v. Jolley*, 253 S.W.2d 519 (Mo. 1952); *Morgan v. State*, 155 Neb. 247, 51 N.W.2d 382 (1952); *Vest v. Cobb*, 76 S.E.2d 885 (W. Va. 1953).

³⁶ *Chicago College of Osteopathy v. Puffer*, 5 Ill.2d 441, 126 N.E.2d 26 (1955); *Stribling v. Jolley*, 253 S.W.2d 519 (Mo. 1952).

³⁷ *Chicago College of Osteopathy v. Puffer*, 5 Ill.2d 441, 126 N.E.2d 26 (1955).

license to practice medicine in all its branches in Illinois. The Department refused to approve the college, alleging various instances where the college did not comply with Illinois law. The court overruled the Department and directed it to approve the college. In its opinion the court said:³⁸

. . . [A]s already related, the legislative history in Illinois regarding the osteopathic profession is replete with examples of discrimination. To its credit, however, the legislature enacted section 20 of the act in an effort to insure just treatment for osteopaths and others similarly situated, but this record shows that the Department has still failed to desist from that type of practice which was condemned by this court and the legislature as long ago as 1923. One instance from the evidence will illustrate. One of the plaintiff's staff, who holds an unlimited license to practice medicine in Colorado, made an application for a full license in Illinois under the reciprocity provisions of the Illinois Act. The Department, however, refused his application, and in a letter to him dated July 21, 1950, said "the Illinois Medical Practice Act does not provide for the acceptance of a diploma of graduation from an osteopathic college as a basis for issuance of a medical license either by reciprocity or examination." This shows the difficulty encountered by the plaintiff college in attempting to meet the requirement under consideration, and the Department's attitude further indicates that the purpose of the rule is to prevent the plaintiff college (or any osteopathic college for that matter) from qualifying rather than to safeguard the public from incompetent members of the healing arts profession.

Much more of the court's opinion was of similar tone.

Nebraska affords another instance where an administrative board has been reluctant to give equal recognition to osteopathy. In *Morgan v. State*,³⁹ the facts were that the department of health was required to adopt, promulgate and enforce standards for hospitals. One of the department's adopted standards was: "All persons admitted to any institution covered by these standards must be under the care of a person licensed to practice medicine and surgery in Nebraska."⁴⁰ While an osteopathic physician is by the law seemingly allowed an unlimited practice of medicine, the law does not specifically license him to practice medicine and surgery in those very words. Thus, under this rule, the department refused a license to Morgan to operate his osteopathic hospital. The court said:⁴¹

To grant appellant the authority to practice osteopathy and then deny him the right to have the use of a recognized and useful facility

³⁸ *Id.* at 32-33.

³⁹ 155 Neb. 247, 51 N.W.2d 382 (1952).

⁴⁰ *Id.* at 384.

⁴¹ *Id.* at 386. By its use of "physician and surgeon" in the quote, the court was referring to a doctor of medicine.

for the care of his patients, except upon condition that he surrender the care of them to a physician and surgeon, is to take away much of the value and importance of the grant made.

The court ruled that the department must grant Morgan the license.

In that minority of states where the statutes obviously do not extend to osteopathic physicians the right to an unlimited practice of medicine, the courts have had no choice but to interpret these statutes against the osteopathic profession.⁴² But some courts have interpreted statutes, which seemingly extend equality to osteopathy, in a manner so as to find osteopathy a very limited practice of medicine indeed. In a Kansas case,⁴³ the defendant osteopathic physician was accused of practicing medicine and surgery without a license because he prescribed drugs in his practice. The court narrowly construed a statute which said osteopaths may practice osteopathy as taught in reputable osteopathy schools. The court said:⁴⁴

To say that the scope of practice of an osteopathic physician in this state is measured by what is or may be taught in osteopathic colleges of good repute is equivalent to saying that the law of Kansas fixing the boundary line between the practice of medicine and surgery and the practice of osteopathy must be determined by the shift in the subjects taught in an unknown number of colleges in an unknown number of states. We find no warrant for this contention upon any proper construction of our statutes.

The court's method of drawing equivalents above is doubtful, to say the least.

The failure of the state of Washington to refer to an osteopath as a physician in its statutes that otherwise extend equality in the field of medicine to osteopathic practitioners, resulted in an unfavorable decision to osteopathy in the courts of that state.⁴⁵ The supreme court there held that when the law governing optometry excluded "physicians" from its provisions, the exclusion did not extend to osteopaths. Therefore, an osteopathic practitioner must

⁴² *State v. Baker*, 229 N.C. 73, 48 S.E.2d 61 (1948); *State v. Sawyer*, 36 Idaho 814, 214 Pac. 222 (1923).

⁴³ *State v. Moore*, 154 Kan. 193, 117 P.2d 598 (1941). See also *Mabry v. State Bd. of Examiners in Optometry*, 190 Ga. 751, 10 S.E.2d 740 (1940).

⁴⁴ 117 P.2d at 605.

⁴⁵ *State v. Rust*, 119 Wash. 480, 206 Pac. 33 (1922). WEBSTER'S NEW INTERNATIONAL DICTIONARY 1711 (2d ed. 1955) defines optometry as: "Scientific examination of the eye to detect diseases or defects, prescription of correctional lenses or exercises but not of the use of drugs, and supplying of lenses." *Gates v. Kilcrease*, 66 Ariz. 328, 188 P.2d 247 (1947), interpreted a similar statute in a like case in favor of the osteopathic physician and said he could practice optometry as part of his practice of osteopathy.

fulfill the provisions of the Washington law governing optometrists before he can practice optometry in that state. There are numerous cases in other jurisdictions holding that an osteopath is a physician.⁴⁶

The federal law allowing certain parties to obtain and use narcotics is interpreted by federal courts in the light of state statutes. Thus, if a state permits an osteopathic physician to use and prescribe drugs in his practice, he may obtain narcotics under the federal law.⁴⁷ If the state does not allow the osteopathic physician the use of drugs in his practice, then he may not be licensed under the federal law to use narcotics.⁴⁸

Conclusion

From the study above, it is concluded that some thirty states,⁴⁹ in law and in fact, extend the opportunity to doctors of osteopathy to attain legal equality in the field of medicine with doctors of medicine. In three more states⁵⁰ the statutory law and case law,

⁴⁶ *Stribling v. Jolley*, 253 S.W.2d 519 (Mo. 1952); *Gates v. Kilcrease*, note 44 *supra*.

⁴⁷ *Waldo v. Poe*, 14 F.2d 749 (W.D. Wash. 1926).

⁴⁸ *Burke v. Kansas State Osteopathic Ass'n*, 111 F.2d 250 (10th Cir. 1940).

⁴⁹ Arizona, see note 35 *supra*; California, CAL. BUS. & PROF. CODE ANN. § 3600 (Deering 1951); Colorado, see note 7 *supra*; Connecticut, CONN. GEN. STAT. §§ 4372-4375 (1949); Delaware, DEL. CODE ANN. tit. 24, §§ 1751-1752 (1953); Florida, see note 11 *supra*; Indiana, see note 7 *supra*; Iowa, see note 21 *supra*; Kentucky, see note 7 *supra*; Maine, ME. REV. STAT. ANN. c. 71, §§ 1-13 (1954); Michigan, MICH. COMP. LAWS § 338.104 (1948); Missouri, see note 36 *supra*; Nevada, NEV. COMP. LAWS § 5001 (1929); New Hampshire, see note 23 *supra* and text; New Jersey, N. J. STAT. ANN. §§ 45:9-14.1 (Supp. 1940); New Mexico, N. M. STAT. ANN. §§ 67-8-1-67-8-18 (1953); New York, N. Y. EDUC. LAW § 6512.3; Ohio, OHIO REV. CODE ANN. § 4731.01-4731.40 (Page 1953); Oklahoma, OKLA. STAT. ANN. tit. 59, § 630 (1953); Oregon, see note 7 *supra*; Pennsylvania, PA. STAT. ANN. tit. 63, §§ 261-271 (Purdon 1941); Rhode Island, R. I. GEN. LAWS c. 889 (1938); South Dakota, S. D. CODE §§ 27.0301-27.0316 (Supp. 1952); Texas, see note 23 *supra* and text; Utah, UTAH CODE ANN. §§ 58-12-6-58-12-7 (1953); Vermont, VT. REV. STAT. § 6753 (1947); Virginia, VA. CODE ANN. § 54-273(5) (1950); West Virginia, see note 35 *supra*; Wisconsin, WIS. STAT. §§ 147.13-147.17 (1953); Wyoming, see note 23 *supra* and text.

⁵⁰ Illinois, see note 37 *supra*; Montana, an osteopath is eligible to take a test for an unlimited license before the State Board of Medical Examiners, MONT. REV. CODE ANN. § 66-1406 (1947). According to Milton McKay, General Counsel for the American Osteopathic Association, in an interview with the writer in Chicago, October 26, 1955, osteopathic applicants seldom, if ever, take this test. The Osteopathic Association records corroborate Mr. McKay's opinion. These records may be found at the American Osteopathic Association, 212 East Ohio St., Chicago, Illinois; Nebraska, see note 39 *supra*.

if any, extend equality to osteopathic physicians, but by some maneuvers in the state provisions, administrative or otherwise, equality is probably not actually held by the osteopathic school. In three more states,⁵¹ the statutory law and case law, if any, seem to result in inequality; yet, in those three states the osteopathic physician seems to in fact practice medicine without limitation. In the remaining twelve states⁵² the osteopathic physician, both in law and in fact, is entitled to practice medicine only with limitations. The limitations, as pointed out above, are usually in the fields of surgery and the prescription and use of drugs.

It is further concluded that the majority of states are correct in refusing to lend the aid of the law to either of the two professions, no matter what the private differences may be between the professions.

Joseph B. Joyce

⁵¹ Massachusetts, MASS. ANN. LAWS c. 112, §§ 2, 11 (1949); Tennessee, TENN. CODE ANN. §§ 7003-7008 (Williams 1934); Washington. Washington is listed here only because of *State v. Rust*, note 44 *supra*. The other decisions found in Washington and the state statutes are highly favorable to osteopathy. See *State v. Dean*, 155 Wash. 383, 284 Pac. 756 (1930).

⁵² Alabama, see note 8 *supra*; Arkansas, see note 12 *supra*; Georgia, see note 43 *supra*; Idaho, see note 42 *supra*; Kansas, see note 43 *supra*; Louisiana, LA. REV. STAT. ANN. §§ 37-111-37-1123 (1950); Maryland, see note 28 *supra*; Minnesota, MINN. STAT. ANN. §§ 148.11-148.16 (1946); Mississippi, see note 8 *supra*; North Carolina, see note 42 *supra*; North Dakota, N.D. REV. CODE §§ 43-1401-43-1423 (1943); South Carolina, S.C. CODE §§ 56-1101-56-1118 (1952).