Retirement: For Better or Worse?

JOSEPH H. FRIEDMAN, MD

enjoyed much more than work. “I’m so busy I don’t know how I had time to work!” Others are adrift. One of my physician colleagues, recently retired due to illness, and still adjusting, reported that he met another retired doctor, who summed up his retirement this way: “I used to be important.”

Retirement and disability are quite different but may overlap. The person who retires because of a disability is in a very different mindset than the one who has looked forward to stopping work for years in order to do something prized more highly than their vocation. Sometimes disability provides the impetus for a long-considered retirement, a little, or not so little, nudge over the line. Since I deal only with patients with movement disorders I mostly see people with Parkinson’s disease. For those who begin their illness during their working years, which is, in fact, the majority, the notion of retirement or disability is a very big deal. Over all I encourage people with PD who want to continue working and think they can, to continue. Some need job modifications, of course, like the guys who climb utility poles and fix overhead wires, or roofers or firemen, or secretaries who spend a lot of time on the phone but have failing voices from their illness. But, unlike the situation of the patient with chronic pain who needs “work hardening” therapy to live with the pain and restore meaning and financial support in their lives, PD is a progressive disorder. Work now takes longer, is harder, and may not be performed at the same level as before, and therefore less rewarding. Furthermore the most disabling aspects of PD for many are the “non-motor” symptoms, problems such as fatigue, sleepiness, loss of ability to perform two tasks at the same time. This complements the difficulties induced by physical slowness, reduced dexterity, tremor and imbalance. These problems are impossible to assess from the outside. When a PD patient asks me for a disability or an early retirement letter, I always agree. Most people want to continue working. I’ve often thought about retirement, but can’t actually imagine doing it. I’ve reached “retirement age,” and could get social security now. My brother is retired and a close friend from medical school has set a firm date for his retirement, but I can’t see what I’d do, not just to keep busy and avoid boredom, but how I’d give structure and meaning...
to my life. I can easily see sliding into the gloomy retrospection of, “I used to be important.” Of course, I’m not “important” now, so I don’t expect to be looking back to the days when I was important, but I do have a clearly defined role in society, and to some people I am important. People now ask for my opinion, patients for example. I’m asked to teach, to lecture, to evaluate articles, to evaluate patients. I have value. The real issue with retiring (aside from the not-so-small financial issues) is that my pleasure in life comes primarily from my work. This is not necessarily a good thing. I think the world would agree that it was a good thing for Charles Dickens and Louis Pasteur to work until they died, but I’m much more easily replaced. My problem is the lack of substitute for the work. I like to be on the go. I need projects. When I’m at work I worry when I’m not too busy, and I worry when I am too busy that I’m not doing a good job. There’s no good in-between. But I’m always on the go, always doing something.

My main dread is reaching a point where I have to retire even when I don’t want to, and, even worse, being forced to retire due to skill or mind erosion, and losing the insight into recognizing it.

I’ve given a lot of thought to being “not important” anymore, and I have decided that it does not sit well with me. I’d like to think that my achievements were not motivated by a desire to become “important” anymore, but rather to actually accomplish something tangible, and of value. I really suspect I’m more motivated by fear of failure than competition for success.

As my neuronal count slowly but inevitably declines, I pray that the decline is not accelerated by some hideous disease. Each day as I drive to work I wonder how I’ll handle the day when I won’t be able to do this anymore.

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The Moral Heritage of the Corner Drugstore

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No community of humans, no matter how primitive, had been without someone who possessed a special skill in identifying plants, someone knowing which were poisonous and which, when consumed, yielded a particular and purposeful effect. And so, as nomadic groups became increasingly attached to the land, this casual botanical skill evolved into a beneficial profession, often called herbalism, and typically practiced by women.

By the medieval era, herbalism as a mercantile specialty evolved into the chemist’s domain, and by the 16th Century most British communities possessed such a retail establishment, now divorced from the grocers and called the apothecary shop. They were sanctioned by their own professional guild and guided by governmental regulations. And by the opening years of the 19th Century, apothecaries were respected professionals. John Keats was a licensed apothecary when he began his career as a poet. One critic declared: “‘Tis better to be a starved apothecary than a starved poet.”

In the centuries following the era of the medieval chemist’s stores and the apothecary’s establishments – but before the advent of strip malls, mega-pharmacies and health-related retail chains – there arose the neighborhood drugstore. In upscale 20th-Century communities, they were called pharmacies; but in inner Brooklyn, it was merely the corner drugstore.

Since the 1920s, the drug stores have evolved dramatically, first, by establishing linear, sit-down counters to dispense ice cream sodas and other non-alcoholic beverages; then, by...
offering an ever-expanding variety of over-the-counter, prepackaged medications including a bewildering spectrum of vitamins, other micronutrients, unproven nostrums for a spectrum of ailments and even contraceptives. The tradition of the drugstore as a health-engendering establishment withered when it took to dispensing children’s toys, cosmetics, packaged foods and even automobile tires.

In the 1920s, a time that historians considered the epitome of American pride in itself, the drugstore became the anchor establishment of the lower-class neighborhoods, frequently situated at the intersection of two major streets. Its windows displayed a few medically-oriented symbols such as mortars and pestles, perhaps an ancient microscope but were otherwise austere and uncommunicative.

The drugstore on Union Street was owned and operated by a white-coated, registered pharmacist whose father had managed the store before him. Like the savings bank and the local police station, the drugstore represented a basic community resource, an indispensable institution, an anchor that seemed more forbidding than friendly, more imperishable than welcoming; yet it was vital for the functioning of that microcosm called ‘the neighborhood.’ In some neighborhoods the drugstore was the pole-star of the community. (“I live just two blocks west of Harrison’s Drug Store.”)

A completed prescription was the penultimate event when a physician made a house call. And so, with trembling hands, this life-saving bit of paper was brought to the drugstore. Opening the pharmacy’s front door activated a bell announcing the arrival of a customer.

One then entered into a poorly illuminated room; and to one side, the Bell Telephone public booth, with its folding doors, all in funereal mahogany. Since most neighborhood apartments in the 1920s had no telephones, this drugstore telephone booth became an indispensable part of the local business of living. Making a phone call, in those days, was never a frivolous happening. Rather, it summoned the family physician or it notified relatives of the birth, death or mortal sickness of a family member. And when a call came in for one of the neighborhood residents, the pharmacist would dispatch one of his sons to beckon Mrs. Schwartz who lived on the fourth floor, back apartment, in the second tenement around the corner. Few events were more disquieting than being summoned to the drugstore telephone by the pharmacist’s boy.

Behind the counter sat the pharmacist’s wife with all the congeniality of Lady Macbeth. She was accompanied by her notebook, pencil, her ancient Remington typewriter and the cash register. She rarely spoke, but the gravity of the illness that had provoked the prescription would be clearly evident in her facial expressions.

In the back room was the pharmacist with his mortars, pestles, an array of empty bottles, a scale to weigh powders, a shelf with containers holding dried herbs, a microscope for urinalysis, a hand-press to make pills, and an assortment of elixirs, nostrums, decoctions and placebos to fill the complex formulations of the physician’s prescriptions.

The inner city of America, in the decade of the 1920s, was a fragile patchwork of immigrant families striving to merge with the mainstream middle class. This resident population was in constant flux with new families arriving and second-generation families planning to move elsewhere. Tenancy, for these mobile families, rarely persisted for more than a year or two. And in a sea of instability, then, the drugstore served as a monument of cohesion and stability.

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Working on the Family ‘Pharm’

MARY KORR
RIMJ MANAGING EDITOR

The Rhode Island Medical Journal’s graphic designer, Marianne Migliori, became intrigued by Dr. Stanley Aronson’s story of neighborhood drugstores in his commentary this month. She provided the accompanying photos of her father-in-law, the late JULIUS C. MIGLIORI, MD, in front of the establishment started by his maternal grandfather, Antonio Cardi.

Julius’ brother, JOSEPH L. MIGLIORI, MD, a retired Cranston ophthalmologist, recalled the family business in response to questions from RIMJ. It is truly an American, a Rhode Island and a Cranston story. Thank you ‘Uncle Joe’ for sharing a glimpse from the past.

Q. When did the pharmacy first open?
A. The drug store, called the Medical Arts Pharmacy, was built by my grandfather (Antonio Cardi) to accommodate his son and my uncle, Alfred Cardi, who graduated from the R.I. College of Pharmacy (now URI’s College of Pharmacy) in about 1925. My grandfather thought it would be a good idea to have him practice in Knightsville where the family was well-known.

Eventually, Mary Cardi-Longo (Alfred’s sister) also worked there as a pharmacist upon her graduation from the same college 13 years after her brother.

Q. Was the clientele mostly immigrants?
A. The workers were mostly first-generation, bilingual Italo-Americans, but the clients they served were the Italian immigrants from Itri, Italy, newly settled in Knightsville and very much interdependent for survival. The Medical Arts Pharmacy was very successful because of this. The pharmacy was a thriving business until Alfred’s death in 1977. His children tried to maintain the drugstore but with competition from the big chain pharmacies, it was doomed without Alfred and his devoted Knightsvillers.

Q. Other than pharmaceuticals, what else did the pharmacy sell?
A. Besides the pharmacy, there was a full-service soda fountain with store-made ice cream and several booths where one could enjoy an ice cream soda, etc. Available for sale were various sundries and hygiene products, the newspaper, perfumes (to be wrapped as presents if wished,) penny candy, cigarettes and cigars, liniments, bandages, soda-pop, etc. About 1960, a special section for liquor was added, not to be sold on holidays.

Q. Did you work there as a boy?
A. I worked at the drugstore from 1954, when I was in Jr. High, until 1968, when I was in medical school. When my brother Giulio [Julius] went to high school, he quit the drugstore to play varsity football. It was a family business!
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