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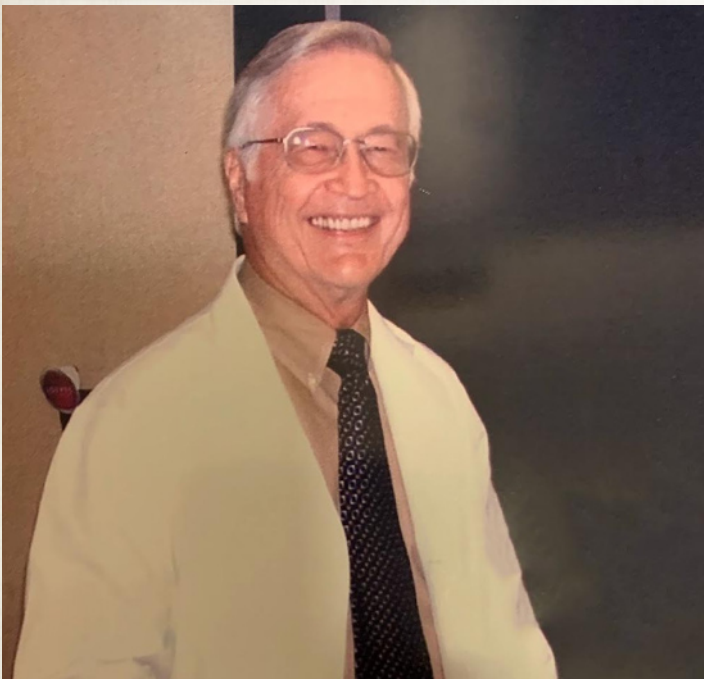
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Cover Story

Dr. D.L. Bolton

By Carey Meitzler

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Customer Service

Phone: 601-798-4835

Website: southern senior.info

Email: contact@southern senior.info

Address: P.O. Box 907, Picayune, MS 39466

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Living the Berry Sweet Life

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A Cottage Water Garden

My passion for gardening began as a little girl while helping my grandfather with his vegetable garden. That was decades ago, but the passion for gardening still remains. Although I only grow a few vegetables now, usually mixed in with my flowers, I still like to get my hands in the dirt.

I prefer what is called a cottage garden, which allows me to have a variety of shrubs and flowers. You never know what you will find around a garden path. It could be blueberries and eggplant all mixed in with zinnias and coneflowers.

During the Covid quarantine, my gardening has been extended to include a 1500 gallon water garden. That has led me to explore plants used in and around my water garden. Surprisingly, I found that many of my “flower garden” plants adapted well to my “water garden”. Louisiana iris (*Iris fulva*), swamp milkweed (*Asclepias milkweed*), taro or elephant ear (*Variegatum monstrosum*), creeping jenny (*Lysimachia nummularia*) and sweet flag iris (*Acorus calamus*) just to name a few.

Then come the water plants, parrots feather (*Myriophyllum aquaticum*) and water lilies (*Nymphaeaceae*). All of these plants are lovely, floating just on the water’s surface. My favorites are the water lilies, with the variety of colors and sizes in which they come.

Floating plants provide shade and protection for fish and help control algae but shouldn’t be allowed to multiply out of control. No more than 60% of the water surface should be covered with plants, because oxygen enters the water where it is met with air. Floating plants also provide natural filtration of the water. Marginal water garden plants are best planted in unscented, non-clumping kitty litter (which is clay) and covered with sand and pea gravel or flat stones. Koi like to nose around the surface of pots.



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Stones will deter them from uprooting the plants. Also, a fertilizer made especially for water plants is recommended.

Monitoring the pH of the water garden is important. 6-8.5 is acceptable pH. If the water is too acidic, it can stress both the plants and fish. All of this sounds like a lot of work, and I won't lie, it is. However, it is so worth the effort, just like in my cottage garden. See, the real jewels of my water garden are the goldfish and koi for flashes of orange and yellow that mimic the blooms in my cottage garden.

Since retirement, I have taken the MSU Master Gardener course and am now proud to say I am a MSU Master Gardener of Pearl River County and just this year have become a Louisiana State University Advanced Master Gardener. If you are interested learning more about the Master Gardener program, call 601-403-2280. Come join us and have fun!

All that being said, I still just like getting my hands in the dirt and now water, too!

By: Bertha Page, MSU Pearl River County Extension Service Master Gardener.





Living the Berry Sweet Life

By Mary Beth Magee

My earliest memory of berry picking takes place in elementary school. We had gone to visit our “country” relatives for the weekend. The planned activity for the weekend was berry picking. I remember the fruit as huckleberries, but I may have mixed up my berries over the past (mumble, mumble) decades. Never one to miss time with my Daddy and beloved adult cousins, I went along for the trip into the woods. My own little bucket swung from my hand and I was thrilled to participate.

Hmm. No one had mentioned the one big expense to foraged berries – thorns! Although long pants protected my legs, my sleeveless top did nothing to protect my arms. Every berry I picked cost me another prick or stab. In the bucket of my memory I picked gallons of berries. Reality was probably closer to a few cups. But I persevered and picked them and was rewarded with a bowl of my very own berries topped with cream at supper that night. I was hooked on picking.

These days, I’m wiser in my choice of attire for fruit pick-

ing and usually come away with far more produce than pain. After the picking comes the joy of preserving the harvest. I blame all those cousins for my love of making jams, jellies and preserves.

I learned a lot of recipes through the years for various treats. Each of them brings a different delight. From the jewel-like tones of jellies to the aromatically lovely texture of jams, from the clear, pure notes of a single fruit product to the joyous symphony of smells in a blend, I love preserving the bounty of God’s goodness.

In addition to the rainbow of colors and range of sweet aromas, I love the rhythmic rattle of jars in the water bath and the beautiful song of “pings” as each jar sets its seal. Every sense seems to receive a gift from the process.

One of the best things about canning is the fact there needn’t be much waste. If a jelly recipe calls for six cups of fruit cooked down, crushed and drained to yield four cups of juice, I’ll start with eight cups of fruit. Once I get my four cups of juice, I’ve still got usable crushed fruit for a cobbler instead of dried and depleted remnants to discard. If a batch of jelly doesn’t set, I can go back and add

Cont. pg. 7



Footbath Fraud on the rise

Footbath fraud occurs when someone receives a call or fills out an online questionnaire that asks about illnesses such as diabetic ulcers, bone infections, ingrown toenails, pitted keratolysis and, cellulitis. The beneficiaries give out enough personal health information and Medicare billing information for the perpetrators to sign them up to receive a footbath and monthly supplies of medications.

Some examples of footbath fraud include the following:

Suppliers who offer “innovative techniques, hydrotherapy, or specialized antifungal treatments;”

Suppliers who are also the company that sell the drugs;

Suppliers who offer “free” medications but bill Medicare;

Suppliers who want you to use their doctors (not yours), who then prescribe unnecessary or dangerous medications;

Suppliers or doctors who provide a footbath and medications or supplies you never requested or do not need;

Suppliers or doctors who charge for items you never received;

In addition to the upfront cost for the initial treatment, which could possibly amount to thousands of dollars, beneficiaries are being enrolled in an auto-ship program for these kits and have difficulty opting-out of receiving the items. Also, some beneficiaries are rarely seeing a doctor to set up these services and are being targeted by companies via telephone and online questionnaires.

Your local SMP is ready to provide you with the information you need to PROTECT yourself from Medicare error, fraud, and abuse; DETECT potential error, fraud, and abuse; and REPORT your concerns. SMPs use trained senior volunteers to help educate and empower seniors in the fight against health care fraud. Your SMP can help you with questions, concerns, or complaints about potential fraud and abuse issues. It also provides information and educational presentations.

Senior Medicare Patrol (SMP):

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more pectin or else I've got syrup for my pancakes and waffles.

Sort of like life, you know. There's beauty in every incarnation of the fruit, just as there is beauty in every human being. Sometimes you just have to dig for it. My first attempt at loquat (Japanese plum) jelly yielded a syrup. Disappointing at first, but it turned out to be a delectable pork glaze. I'll repeat that particular "failure" again if I get more loquats.

Don't get me wrong. Putting up all those jars and freezer bags of fruit takes work, lots of work. But in the dark days of winter when I'm savoring the summer smell of fruit on a biscuit or a slice of toast or I'm enjoying the flavor of pear sauce as a side dish to dinner, I'm grateful for the fruit and grateful for the strength and stamina to "put up" produce.

You'll have to excuse me now. There's a bucket of berries calling me.

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Author/speaker Mary Beth Magee writes cozy Christian fiction, poetry, children's books and devotions. For more on her writing and training sessions, visit her website at www.LOL4.net.




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Growing Daylilies

I've enjoyed growing daylilies for over two decades. Modern daylilies have evolved from orange or yellow trumpet shaped flowers to more than 80 thousand registered cultivars. The colors and forms are impressive. The latest trends are extended green throats, blue eyes, patterns and toothy edges. The American Daylily Society has a database of all the registered daylilies.

Some of my favorite things about growing daylilies are:

1. By growing different reblooming varieties, I extend the bloom season from early spring through late summer.
2. My garden looks different every day. A bloom last only one day; however, there are many blooms on a single daylily scape that open over a few weeks span.
3. Daylilies can be easily cross pollinated, and every seed creates a different looking flower.
4. I enjoy participating in daylily clubs, photographing them and competing in local daylily shows.

You can plant daylilies in raised beds amended with pine fines or compost. Mulching twice a year with pine bark, pine straw or leaves will help retain moisture and reduce weeding. Fertilize in early spring with a 3-1-2 ratio (I like Graco 16-4-10 timed release). Daylilies like a soil pH of 6.7. I add pelletized lime every couple of years. Inexpensive soil tests are available from the Mississippi State University Extension Service and are recommended. Water with 1-2 inches per week. Bed borders are important to keep our aggressive southern grasses and weeds at bay. A minimum of 6 hours of sun is needed. Avoid areas with competing roots.

The MSU Master Gardener program has helped me gain more knowledge on many gardening topics. If you are interested learning more about the Master Gardener program, call 601-403-2280.

By: Kay Cline, MSU Pearl River County Extension Service Master Gardener.



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As gates and doors continue to open back up and families are emerging from the COVID-19 social lull, walking and biking trails become welcoming activities to families who can enjoy exercising and playing outside games together. Not only can parents and grandparents enjoy spending the extended time with their children, but kids can benefit from an education outside in the flora and fauna of nature.

A walking workout is one of the simplest and most beneficial forms of exercise that works for most bodies. According to The Daily Mail.com, brisk walks could be better than strenuous jogging.

The article goes on to say, "Together with diet and other exercise plans, it (walking) can also help with weight loss and tone up muscles."

Dr. Craig Williams, sports science lecturer at the University of Exeter says about walking, "It can improve muscle endurance as well as strength. Especially in the lower body. It is good for bones and improves the body's cardiovascular system. It also helps boost circulation."

And, Dr. Williams adds, "Because it is low impact, it does not have the same potential for injury as jogging. Yet it can offer all the benefits."

There are a number of locations throughout Mississippi from Corinth, into Greenwood, through Hattiesburg and down south to Biloxi. Trails fall into categories such as 'walking trails', 'hiking trails', 'biking trails', 'camping trails' and even 'dog friendly trails'. These locations provide great opportunities for fun day trips.

Under a relatively recent program of 1986 called the Rails-to-Trails Conservancy, 250 miles of rail-trail opened to the public. This made way for such colorfully named trails as Missouri's 185-mile Katy Trail in 1987. This program provides aid to communities left with no longer used railroad lines. Miles of blacktopped and paved roads for walking, biking and dog-walking are developed and landscaped for the free enjoyment of families and individuals. This allows large cities to create usable greenspace through and around urban landscapes.

Camping trails, on the other hand, travel through national parks and provide for CDC approved regulations for safe extended stays in cabins, campers and pitched tents. Kids learn skills working with others by aiding their parents with camping chores. By spending time in nature

and using guide books, children can learn about the plants and animals around them.

Many cities in Mississippi like Picayune and Biloxi have resourced land and properties from demolished buildings and city excess land into dog walking paths and lighted tracks with shaded benches.

Crosby Commons park is a property acquired by the City of Picayune where Crosby Memorial Hospital once stood. At the grand opening of its lighted walking track and piped music, Transportation Commissioner Tom King was in attendance. As reported by WLOX radio station, he commented, "I've always preached and believed in a team effort, and you have a team effort here folks."

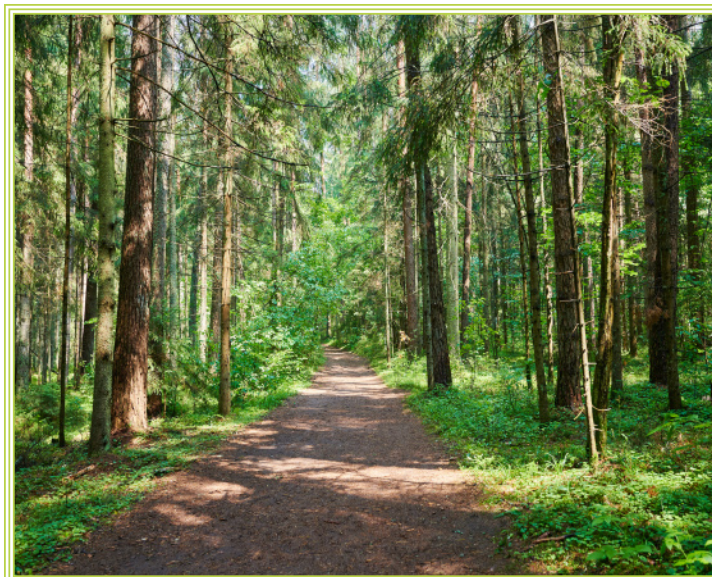
Inner city trails offer shorter paths with convenient resting and lavatory facilities that make it conducive to the participation of grandparents as well on these walking family outings. The open-air situation is great.

For the ambitious family with outdoor experience, the wilderness trails of forested parks can deliver the most natural beauty and education of wildflowers, indigenous animals, and ancient trees.

For the urban dwelling family with members of various ages and physical abilities and pets, city trails with trash receptacles, manicured gardens, and educational literature can offer a learning as well as physical development experience for the whole family.

Happy 'family trails' to you all.

Lynne Adams Barze',
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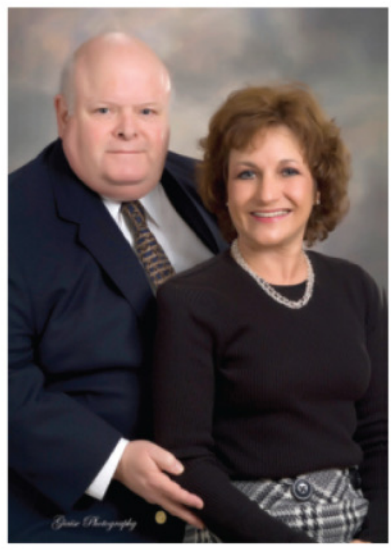
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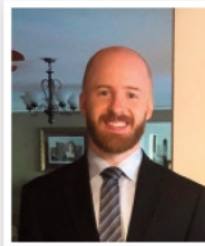


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Day trips seniors can enjoy

Vacations to faraway destinations can make lasting memories that families cherish forever. Though day trips might not require the planning of more traditional vacations, these brief getaways can still be a great way to spend a day, especially for seniors.

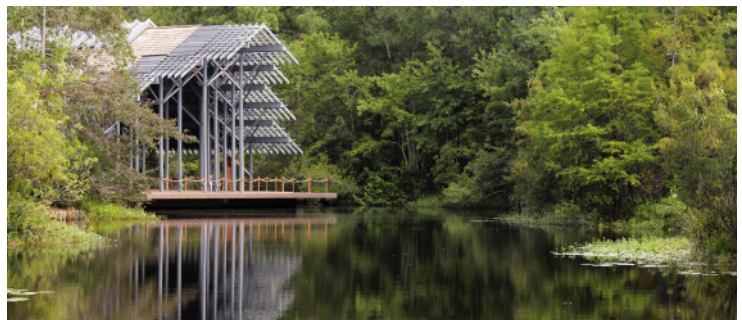
Day trips typically are based around visits to historic attractions, shopping districts, restaurants, or museums. Since they don't require much in the way of advanced planning, and tend to be easy on the wallet, day trips are ideal for those looking for short getaways.

When considering day trips, seniors should look for locales that are no more than two to three hours away. Such proximity ensures travelers will have plenty of time to see the sights and still get home at a reasonable hour.

Need day trip inspiration? Here are some ideas to get started.

Botanical gardens

Botanical gardens are beautiful and relaxing places to spend a day. The Botanic Gardens Conservation International reports that there are between 296 to 1,014 botanical gardens and arboretums in the United States, while there are roughly 70 botanic gardens across Canada. People can tour topiaries, exotic plants, butterfly retreats, acres of rolling landscape, and even bonsai collections.





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Seaside towns

Visits to the coast make for memorable, scenic excursions. Many boast quaint

shops to purchase coastal trinkets or decor. Seaside spots also may boast their share of fishing charters or sightseeing cruises, and seafood fans will appreciate what these regions have to offer in the way of dining.

Historic cities and villages

Touring historic places of register, like Colonial Williamsburg or areas of historic Boston, can be a hands-on way to learn about the country's history. They can provide more personal experiences than books and movies alone.

Zoos and aquariums

Interacting with wildlife is on the itinerary when visiting zoos and aquariums, and such establishments typically offer discounted admissions to seniors.



The Senior Center of South Pearl River County

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Museums are ideal day trip destinations because many are indoors. That means weather never needs to be an issue while visiting. With historic artifacts, paintings, sculptures, or niche items like pop art or collectibles, there are museums for just about every interest. For example, railway enthusiasts can visit the National Railroad Museum in Wisconsin, one of the oldest railroad museums in the country.

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Restaurant crawl

Certain town centers and tourist destinations organize restaurant events where day trippers can enjoy tasting menus from various establishments for a single price. Day trips also can culminate at one specific restaurant. A new restaurant can be visited each month.

Day trips are enjoyable ventures that seniors can enjoy when they want to get out but not necessarily get away.





Fate & Faith:

Dr. D.L. Bolton decided to stay

By: Carey Meitzler

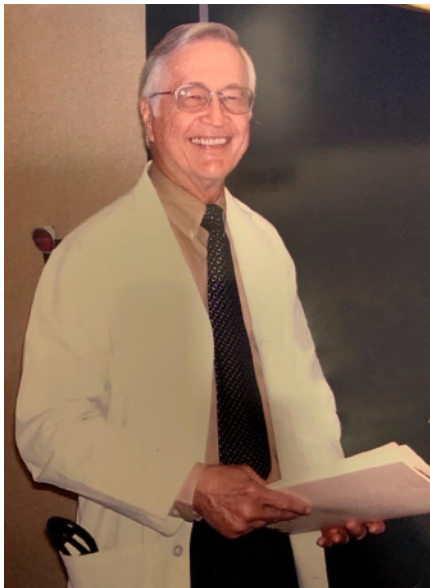


Dr. D.L Bolton has served the Picayune area practicing medicine for many decades. Those decades of service have touched many lives, changed many individuals and families, and influenced countless others. It was almost all for naught if not for some events, some fate, and some definite intervention by God. In the end, those events led to many wonderful outcomes for the people of Picayune. Let's dive into what brought D. L. Bolton to Picayune, what kept him here, and what drives his work today.

While D.L. was in pharmacy school at Ole Miss in 1955, at the urging of his brother, D.L. decided to enroll in pre-medical at L.S.U. He would begin medical school at L.S.U. in New Orleans in 1957 and graduated in 1961.

D.L. explained how he ended up at Ole Miss despite being a Louisiana resident.

"At the time, the out-of-state tuition to attend college at Ole Miss was less expensive than attending Loyola University and enrolling its pharmacy school. I did my first year of prerequisites at L.S.U., then went to Ole Miss for one year with my intention to become a pharmacist, before deciding to go to medical school, which is how I ended up at L.S.U.," he said.



For many, the next step from L.S.U. was Charity Hospital in New Orleans, but with the pay at that medical facility being just \$10.00 per month, it was not enough to survive for D.L. with a wife and a young child.

He opted to take an internship at Macon



Hospital in Macon, GA, which turned out to be a good choice. D.L. then went into the U.S. Air Force for two years where he was a flight surgeon.

In 1964, Dr. Bolton started practicing medicine in Brandon, MS, and was there for three months, when he became aware of a position in Picayune. Dr. Bolton was born in Franklinton, LA, but Bolton had never been to Picayune.

Let's pause for a moment and fill in a few gaps in Dr. Bolton's path to Picayune.

Dr. Bolton's father was the high school principal at nearby Mount Hermon High School. At one time, his father had rented a room to a lady name Lattice Sturtz. Ms. Sturtz was the director of nursing at Crosby Hospital in Picayune.

"My uncle, my mother's brother, passed away and Lattice attended the funeral. After the funeral, in conversation, she told my dad about an opening in Picayune," Dr. Bolton shared.

"My dad called me about what Ms. Sturtz had told him. He wanted us closer. I reached out to inquire about what was passed on to me, about the opening in Picayune."

Dr. Bolton and his family made the trip to Picayune to interview with Dr. D.C. Rudeen and hospital administrator Preston Hill about the opening which had come about due to a health issue with Dr. Bill Ocer at that time.

"Mr. Hill was a very impressive guy and he decided I wanted to be associated with him," Dr. Bolton said

of the interview.

“The hospital, which had been built about ten years earlier, was a great facility and one of the best around.”

Dr. Bolton felt very good about the move to Picayune, however, it was not a perfect scenario as he would soon learn.

“When I started practicing medicine in Picayune, I was one of nine general practitioners, and in about nine months, that number grew to twelve in a very short period of time. I didn’t know I was coming into such a big group. It was tough getting started with so many other doctors,” Bolton stated.

Office visits were three dollars and emergency room visits were four dollars when Dr. Bolton came to work in Picayune.

“It didn’t take people long to figure out they could get medical treatment quicker by showing up at the emergency room, and we (doctors) would go over to the hospital to see them.”

With this setup in place and the absence of a thriving population, it took a long time to establish a medical practice in Picayune at the time. But before he was able to get his practice established and stabilized, Dr. Bolton had decided he might have to leave Picayune because he was not making enough money to cover expenses, but fate intervened.

A young girl was involved in a real bad vehicle accident. She was not wearing a seat belt and her face had received extensive damage included several, terrible facial lacerations on her face due to the impact of her being thrown forward into the windshield of the vehicle. Dr. Bolton was on the ER duty that night. When the young lady arrived at the hospital, Dr. Bolton told the mother of the young lady that we should put her in an ambulance and send her to a plastic surgeon in New Orleans. But, the mother, who was a nurse at the hospital, thought otherwise.

“No, Dr. Bolton. I want you to do it. I’ve seen you do work here at the hospital, and I want you to do it.”

Dr. Bolton worked on the young lady through the night and things turned out well at that time for the



young lady. He said that later in her life, the young lady had to have a procedure performed to one of the scars, but overall, the results were very positive from his work on her that night of the accident.

Weeks later, Dr. Bolton was talking to the nurse with whom he had become good friends with through conversation. He told her he had come to the point he was going to have to leave Picayune, even though he really liked the people and the community, because he just couldn’t make ends meet financially for his family.

The nurse, upon hearing this from Dr. Bolton, told him “just hold on, and don’t do that. Let me see what I can do.”

At the time, the nurse was dating the man who was the construction manager for the work that was underway at the Mississippi Test Facility (MTF is now Stennis Space Center), which was to be the home of the Apollo space mission engines.

The nurse talked to her boyfriend and he began to send his employees, who had work related accidents at MTF, to Dr. Bolton for medical treatment. The result of this had Bolton seeing on average about ten patients per day. This medical care he provided, the interactions he had with these patients, and the word of mouth about his expertise soon led to Dr. Bolton

being able to establish his medical practice over the next few years, and more importantly made it possible to stay in Picayune.

Dr. Bolton was in practice for 42 years in Picayune. During those early years his clinic would be open and staffed seven days a week.

“We worked all day on Saturday and a half day on Sundays,” he explained.

Through his many years of providing medical services and care to the Picayune community, there are a few occasions that Dr. Bolton remembered vividly. These are included as excerpts from his memoirs he has been compiling over the past year. These are offered in first person.

After four years of medical school, I took my state board exam in order to obtain a medical license. Immediately after, I started a one year internship at Macon Hospital in Macon, GA. The primary responsibility of the 12 interns was to take care of the indigent (charity) patients. This entailed 36 hours on duty, 12 hours off duty. Then the rotation began again.

My first rotation was surgery. I had never liked surgery in medical school and did not want to be a surgeon. I had 3 months of this rotation, then had 3 months of medicine, And 2 months each of pediatrics, ob-gyn and emergency room. My primary duty on surgery was to work-up (prepare) the patients for their operation. This meant I did a history, physical exam, and then made sure the patient was medically able to have surgery. I did not perform surgery as this was done either by the resident physician (who was also in training but further up the totem pole than me) or the attending physician. Other duties included treating patients in the outpatient clinic.

One of first patients in the outpatient clinic had been diagnosed with carcinoma of the upper rectum with metastasis to the liver. The reason he was coming to the outpatient clinic was to have fluid removed from his abdominal cavity. This condition is called ascites and is usually caused by liver disease. He presented at the clinic weekly and approximately 3-4 gallons of fluid had to be withdrawn from his abdomen. This was accomplished by puncturing the abdomen just below the navel with a one-inch diameter metal tube. It was a very gruesome and painful procedure for the patient.



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The first time I did the procedure I thought I would have to find a different profession! My idea of becoming a physician did not include hurting patients. Let me explain what this man went through each week. It took about 45 minutes to drain all the fluid off.

I had to hold the metal tube while the fluid was being drawn off, so we would talk. This was a very interesting, intelligent man, and we developed a good rapport, especially after he told me that I hurt him much less than the other interns.

At this point, he had been having this procedure done for approximately 18 months. One day, as I was draining the fluid off, he asked me, "Dr. Bolton, when am I going to die?" (he related that he had asked other physicians this question but had not been given an answer). This was an excellent question, because he was a very healthy-looking person, except for the very large abdomen. This started me to thinking, "why is this person not dead?" Supposedly he had cancer of the upper rectum with metastasis to the liver and it had been several months since the diagnosis had been made. I told him I would try to find out more about his case.

I went to medical records and reviewed his case. He had a barium enema (x-ray) which showed a shadow in his upper rectum, but a biopsy or exploratory surgery had not been done. At this time (in 1961) procedures such as CAT scans, MRI, colonoscopies, and other diagnostic tests had yet to be developed. Because the patient had massive ascites, it was assumed that he had rectal cancer with metastasis to the liver so it was thought nothing could be done. One of the radiologists (x-ray specialist) became interested in the case and agreed to do another barium enema. It proved to be normal.

The patient's actual diagnosis was cirrhosis of the liver rather than cancer. Luckily for the patient, I remembered reading about a new medicine called Aldactone, that had just become available in the previous few weeks. I prescribed this medicine for the patient, and his abdominal swelling subsided completely within weeks. To say the least, this patient was very relieved to find out that he did not have cancer, and exceedingly thankful that his abdominal distension was relieved.

After finishing my surgery rotation, I moved on to my internal medicine rotation. One day I came out of a clinic exam room and there was a large group of

people standing there with a large cake. It was the previously mentioned patient (who thought he had cancer) and his family. They were so grateful and had hunted me down in the hospital just to thank me. I felt humbled. This experience taught me a valuable lesson- "to always listen carefully to patients". Something they say may seem insignificant but might prove to be very significant!

After 45 years of medical practice, this was one of the most gratifying things I had ever done. Amazingly it had happened when I was a lowly intern. It certainly elevated my status with the other interns and resident physicians.



One day in the very recent past, my wife Sandra and I were sitting in Don's Seafood waiting for our lunch order. I noticed a lady sitting near the cashier counter. She kept looking my way, and finally got up and came over to our booth. She said, Dr. Bolton I am Mrs. X (we will use this as a designation for her last name). I know you do not remember me, but you saved my daughter's life. I told her she would have to refresh my memory.

She stated that she had brought her daughter to my office in the early 1980's. She knew her daughter was acutely ill, and on arriving at my office, they were immediately put in an exam room. My nurse told me I needed to see about this patient. As Mrs. X stood by our booth telling me this, that day very vividly returned to me.

I had rushed into the exam room and my nurse had already taken the patient's blood pressure, which was very low. The young girl was lethargic, but still able to answer my questions. I will never know why I asked if she was having her menstrual period, and if she used tampons? She answered yes and said that she was using one now.

Luckily, I had recently read articles in medical journals about Toxic Shock Syndrome from using tampons. I knew this was what was wrong with the patient. I started an IV to help maintain her blood pressure, and then removed the tampon. My nurse and I placed the patient in my car and took her to the hospital and into ICU.

Toxic Shock Syndrome is usually caused by either

staphylococcus or streptococcus bacteria. The treatment was a synthetic penicillin intravenously. When I told the mother and her daughter that the treatment was intravenous penicillin, the daughter started crying and said she was very allergic to penicillin. I told them that I could handle the allergy, but the penicillin was critical to her surviving this.

Mrs. X told me, “Dr. Bolton, I trust you, go ahead with the treatment”.

She had the intravenous penicillin and had no reaction. She made a complete recovery. Without reading medical journals during my practice years, I probably would have missed the diagnosis in this patient.



Reading today is still a passion for Dr. Bolton, by his own admission, and that of his wife Sandra.

“I like to read. When I was in practice (medicine) full time, I didn’t have a chance to read as much as I would like. I told myself, that, if and when I retired, I was going to make time to read,” he stated about his love for reading.

“I’ve never thought of myself as a speed reader, but I have this ability to be reading a sentence, and before I get to the end of it, I can almost always know how it will end. I can also read those paragraphs with the scramble letters on the words like they are normal.”

Research by this author found the name for Dr.

Bolton’s reading ability. Typoglycemia is the ability to read a paragraph despite the jumbled words.

“He will sit in his chair for hours and read, sometimes late into the night. There are days, he will read for eighteen hours,’ his wife Sandra shared with her beautiful, glowing smile.

“He will start his day reading, even before a cup of coffee or anything, he reads.”

In 2006, Dr. Bolton decided to retire from his active medical when his wife at that time, Wanda, became terminally ill, and she needed someone to be with her twenty-four hours a day.

About nine months later, Dr. Bolton received call from Jameye Hickman, the executive director of Manna Ministries in Picayune.

“Jameye told me that Dr. Prasad was leaving the clinic and she wanted to inquire to see if would become the Medical Director of Manna. I told her I couldn’t do that because Wanda needed my attention right now, and that’s how our conversation ended. The next day, Jameye called me again and asked if I would consider taking the role at Manna if she could send one of her volunteers to come to be with Wanda,” he explained.

Dr. Bolton began his volunteer work at Manna providing his expertise to the clinic three days a week.

“It was my salvation at the time. I was really missing practicing medicine and seeing patients. In fact, it is still my salvation to this day,” Dr. Bolton shared.

When he started at Manna, the clinic was located on Stafford Road.

“We didn’t have any air conditioning or heat. It was just a large room with half walls. You could hear everything going on in the next exam room. But it was a great experience, and I really enjoyed it.”

After Hurricane Katrina, the clinic received a grant from the state of Mississippi for approximately \$800,000.00, which was enough to build the foundation and the shell of a building at the current location at 120 Street A, which is adjacent to the Picayune Industrial Park on Martin Luther King Blvd.

“The new facility just sat there for a number of years, and then an anonymous donor gave \$400,000.00, and another health group gave another \$400,000.00 to finish the clinic. He’s a real nice facility,” Dr. Bolton stated.

Dr. Bolton normally starts seeing patients from 8:00 a.m. until just after noon. He said that this past year, between himself and the nurse practitioner, they saw right at 4,000 patient visits.

Over the years, he went from three days per week at the clinic to one day, but will soon start working two days per week.

“I saw a lot more patients when I was in practice, but I feel like at Manna, I’m able to give more my patients more time,” Dr. Bolton commented.

Manna Medical Clinic is the only free clinic in this area. His time and expertise, along with his commitment to the patients, has extended his desire and love of practicing medicine, while making monumental differences in the lives of those who no matter their circumstances, have nowhere to turn for medical care.

In 2014, The Greater Picayune Area Chamber of Commerce recognized Manna with the Volunteer of the Year Award. Dr. Bolton was named Citizen of the Year in 2017.

“What happens at Manna is a great thing for



Picayune. Very few areas have what we have here. A lot of great people, but I must say, it wouldn’t be a going thing if it weren’t for Jameye. She is so well organized, and is such a great person,” Dr. Bolton stated.

Jameye’s admiration and respect for, and trust of Dr. Bolton is immense when she speaks of him.

“Dr. Bolton is one of, if not the most, compassionate and caring physicians that I’ve ever worked with,” she stated with a glowing smile. “The patients love him. He listens, he takes his time. He is a good man, and we are so proud he is our Medical Director.”

Jameye added, “Some people think his age may be a negative, but he is current on every new medical practice, every new procedure, and whatever new things are in medical care. He stays current.”

Dr. Bolton is the last of that original twelve general practitioners he mentioned earlier, and to his knowledge, there are currently only three general practice doctors in Picayune.

“Times have changed. There are more specialists now, but I think that is a good thing too. In the next ten years, in my opinion, it will be Family Nurse Practitioners (FNP) for office visits, and then referrals to a specialist. Medicine, with the advances in technology and procedures, have brought about this change. And, I will say there are some really good FNPs in our area,” he shared.

For many years, Dr. Bolton served as team doctor for Picayune Maroon Tide football under head coaches Bob Parker, Dewey Partridge, and Calvin Triplett.

“Everybody liked Dewey. Everyone. And Coach Triplett did some things I’ll never forget. They were both really good men who I was glad I had a chance to work with each of them.”

He remembers when a Vicksburg High running back had been running all over the field for big yardage one night in Picayune, and a Picayune player, Dick Smith, came off the sideline to tackle the running back as he was running for a touchdown. Dr. Bolton expected Dewey to explode, but instead he recalls with a smile that Partridge said, “That a boy, Dick!”

Dr. Bolton said Triplett had a reputation for being very tough on his players during practice, Dr. Bolton said that during halftime, Calvin was very calm and had a unique way talking to his players to get their attention.

“He would go around to them one by one and talk to them about what they need to do in a very calm voice,” Dr. Bolton shared.

D.L.’s wife Wanda died in 2008 and Sandra’s husband Larry passed away in April 2011.

D.L. and Sandra’s time together first started in December 2012 at a Christmas hosted by Keeth Buckley. Sandra saw D.L. there and spoke to him. D.L. claims that she asked him to get her food for her because she had just recovered from a surgery.

A short time later, D.L. came to church at Trinity United Methodist Church one Sunday. Sandra was the chairman of the greeting committee, and Katherine Furr ‘kindly’ told Sandra she did not properly greet him (truth is she couldn’t get to him before he departed). Well, D.L. came back the next Sunday, and this time, Sandra made sure she spoke to him and gave him a welcome greeting to Trinity, which also got her off the hook with Ms. Furr.

Shortly after that Sunday, D.L. called Sandra on a Sunday afternoon and she answered the phone even though it was a cell number she did not recognize. This voice says “Sandra?”, she replied “Yes”, and he responded, “This is D.L.”. Sandra said she almost fainted.

D.L. asked her if she would like to go to dinner sometime and she accepted. A short time after they went out. D.L. later told Sandra that Keeth and DaLinda Gill (she cuts D.L.’s hair) had been trying to get him to ask her out. Things progressed well and they would marry in June 2013.

D.L. and Sandra say this is their last chapter, referring to their marriage and precious time together.

“We really enjoy each other’s company. We have never had a bad day. We had to have been meant for each other, or we would not be here,” Sandra said.

“We have some things we do regularly, like meeting some friends at Southern Char Steakhouse one night a week for dinner and conversation, and we also go to Loretta Ford’s house regularly,” Sandra said. “I am thankful the Lord let us all grow old together.”

“Loretta is a great cook,” D.L. added quickly.

Since coming to Trinity, D.L.’s love of and dedication to the church has grown, despite the lack of a ‘proper greeting’ his first time there.

For several years (before Covid), D.L. went every Sunday morning around 7:30 am and opened both buildings, turning on either A/C or heat, and made the coffee in the Sanctuary. D.L. and Sandra also fixed communion for several years as well. He also helps out at the church by trimming the shrubbery, and assists with the upkeep of the ‘Larry Barker Prayer Garden’ that’s adjacent to the church in tip-top shape as well.

Several times during his medical practice, when working with a patient that was critically ill, Dr. Bolton shared how he would be in situations when he wasn’t sure exactly what to do.

“I’d be at that moment, and a few seconds later, it would come to me (what needed to be done). I know where that came from,” Dr. Bolton stated referencing God’s guidance and wisdom.

“Fate kept me here in Picayune, and I’ve been here for 57 years. I’m very grateful for the time I’ve had in Picayune. I have never regretted being here one bit. It’s a great place to live,” Dr. Bolton said with a bright and broad smile.

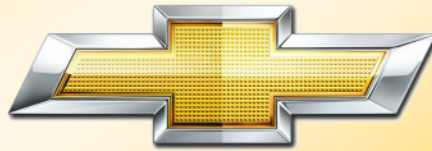
Just think for a moment about the lives of so many that may have had a different outcome, or even death, if Dr. Bolton would have not stayed in Picayune. The countless times he was able to make a difference; the wisdom he continues to share through his volunteering at Manna.

As we have noted in his story, both fate and faith have kept Dr. Dewitt Lamar Bolton in Picayune. Thank God he chose to stay.



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