New Miss Michigan is former Miss Farmington

mediciquebochomecomment.
Newly crowned Miss Michigan
Audric Chernauckas should be
familiar to Farmington pageant
followers. She wore the crown of
Miss Farmington in 1996.
'Ym still on Cloud Nine,' said
Ginny Morris, longtime Miss
Farmington pageant organizer.
When they announced her
name Saturday night in
Myskegon...it was beyond
words.'

Reigning Miss Farmington Erin Cogswell won the community service award and finished in the top 10 Saturday night in Muskegon.

Chernaukas, 23, who competed in the state pageant this year as Miss Redford Township, will now prepare for the Miss America pageant to be held in Atlantic City Sept. 18.
Farmington

Farmington's current queen Erin Cogswell finished in the top 10 finalists and won the commu-



mity service award Saturday night. Her platform was Choices and Consequences of Alcohol. Another former Miss Farmington, Annotte Hohl, was also in the top 10 finishers for the state crown. Twenty six young women from across the state competed for the title. "Farmington was very well represented," said Morris, who noted that Kelly Garver, a for On Saturday she performed a ballet dance to "Titanic Suite" to the Miss America was master of cermington goognation to a yollow swimsuit, a burgundy gwny with a single row of rhinestones and a nupswept in Southfield. Because the Miss roar miss of the Saturday or with rhinestones of the Saturday program. Her platform was Hazards of Tobacco. Monday evening Chernaukas was scheduled to meet with Morrier who was second runner-up to ballet dance to "Titanic Suite" of the titlen.

pageant.
She will attend the Miss
Farmington/Oakland pageant at
Vladimir's Banquet Center on
Wednesday, July 7.
Chernaukas will be staying in
Muskegon to prepare for the
national competition in the fall.

Well-wishers can send greet-ings to Miss Michigan Audric Chernauckas at 5154 McDowell, Muskegon MI 49441.

Chat room from page B1

lem all these years.

After fruitless medical tests by orthopedists, nerve specialists and nerve conduction tests which made the same misdiagnosis – carpal tunnel syndrome – I gave up on expecting decrease had been a balloned.

expecting doctors to help me.

In December 1998 I spent time on medical computer programs in the Farmington library which led me to the far more extensive medical library at Botsford Hospital and

sive medical library at Boteford Hospital and avery helpful librarian. I know I didn't have carpal tunnel syndrome because I was 62 years old at the time of the operation, which was for a minor cyst on my left palm. My right hand is my dominant hand and I had no sensations whatever of carpal in either hand prior to the operation. I was given an axillary block in the nerve bundle of my left armpit prior to the operation.

An axillary block is when they stick a nee-e in your armpit nerve bundle which dead-

ens the feelings in the entire arm. A nurse anesthetist trainee administered my anesthesia under the supervision of a nurse anesthetist. After the poke, she asked me repeatedly if I could feel a numbness or tingling in my fingertips and I did not. It wasn't working. After pushing the needle to the bone, she twisted it. The anesthesia took effect.

The operation seemed to go normally. The cyst was removed. The healing process went okay until a week later. I experienced sudden exeruciating pain from my left shoulder to the fingertips. My hand became clawlike and I couldn't extend my left index finger. The dector told me there was nothing he could do about it and sent me to a hand specialist who told me to exercise it or it would "set up like concrete." I followed instructions. After three months of intenso pain, it subsided into a duller pain, atrophy of my fingers, weakness of my entire arm and shaking and loss of control of my fingers. This continues to this day.

In December of 1999

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which pertained to this subject. What I had been describing in detail for years to doctors appeared in the Journal of Hand Surgery, the Journal of Bone and Joint Surgery, and the book Anesthesia. I also found a comprehensive report in the Farmington Library medical computer program.

It is called an idiopathic condition, which means cause unknown. But because I have uncovered so much information on the subject I am sure I have found the cause, which appears commonly in the materials. I think it's enused by anesthesia damage due to improper injection techniques in the spine and the axilla. By needle damage to norves.

It is far more common than reports lead the medical community to believe and almost always occurs within days after surgery and after nerve block anesthesia. The damage can be minor or severe, sometimes recedes and sometimes not. Damage can last a few years or be permanent.

and sometimes not. Damage can last a few years or be permanent.

I've written this with the hope it will be read by one or more persons who either have or know someone who may have undiagnosed Parsonage Turner Syndrome.

Kenneth Kemp is a resident of Farmington Hills







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