**Chicago Snow of 1967**

When Chris went to her 50th Central High School reunion, Louis noted a list of events that occurred in 1967. On that list was the great Chicago Snow of January 26, 1967. On that date, there was 23 inches of snow in Chicago and most of the roads were completely blocked. Many cars were abandoned on the roadways. Article:

http://www.chicagotribune.com/news/nationworld/politics/chi-chicagodays-1967blizzard-story-story.html

This was the largest one-day snowfall in Chicago history.

At that time, I was living at 7419-B North Winchester in Chicago near the Howard St. elevated terminal. Howard St. was the boundary between Chicago and Evanston. There were many liquor stores on the south side of the street that advertise they deliver in a brown paper bag with an unmarked car to Evanston. This was because, at the time, Evanston (being the headquarters of the Women’s Christian Temperance Union) was a completely ‘dry’ town. The three story townhouse had four other Northwestern University graduate students. The location was convenient since it had parking and was only two blocks from the elevated which could be used to go to downtown Chicago or the Noyes St. station near the Chemistry department at Northwestern.

One of the roommates was Roger, who had been drafted into the military service and contracted sudden onset juvenile diabetes after some difficult required drills. That condition caused him to receive an immediate medical discharge from the service. He wanted to live with other people just in case there was a problem with his insulin. He warned us that it was possible that he could get into a diabetic coma and left some Glucagon in the refrigerator “just in case”.

On the morning of the big snow, Roger got up early to go out, took his insulin shot, but his ride could not come to our house to pick him up due to road impassability. The rest of us had decided that it was hopeless to go anywhere in the snow and decided to stay home that day and watch the white stuff come pouring out of the sky. Roger, unknown to us, had gone back to bed. I heard a moan coming from upstairs. Huh? I ran up the stairs to find Roger in full insulin shock. He was incomprehensible and thrashing about. EMERGENCY! I alerted the roommates to hold him so he would not move incorrectly, went downstairs, and took the Glucagon and the hypodermic needle from the refrigerator. For the only time in my life, I filled up the syringe with the liquid and shot him in the arm with the recommended dose. After a few minutes, he sort of came back to being Roger again. We got him to drink some orange juice. He said that he needed to get to the hospital to get stabilized. We called the ambulance, but the roads were mostly closed with snow.

Eventually, the medical personnel showed up at the door. The ambulance could get as far as Howard St., which had been plowed. They had to trudge through two feet of snow to get to our door. Now, how to get Roger to the ambulance? We commandeered two children’s plastic sleds, wrapped Roger in some blankets and dragged him the two long blocks to Howard St. I stayed in the ambulance with him, and we made our way slowly to Evanston Memorial Hospital on the north side of Evanston. After few hours, he had recovered somewhat, but needed to spend a few days in the hospital. I took the elevated back across town to Howard St. In a few days, I was able to pick him up at the hospital and bring him back home since the roads had been plowed and cleared of abandoned cars by that time.

He was much more careful with insulin dosage after that incident, and there were no problems for the rest of the school year. Roger received his Master’s in Economics, but decided to change his career path. He had always felt the “Call of the Lord” strongly and decided to go to school to become a minister in his church, even though that was not a recommended job for those with juvenile onset diabetes. Because of the instabilities in insulin dosage, he said that he would need medical treatment for the rest of his life, and he was expecting the reduced lifespan for people with that condition, which was about 25 years (at that time).

Medical progress in insulin administration allowed for the improved treatment of acute diabetes with slow release and responsive insulin, so the large insulin peaks and valleys became more evened out. Here it is 50 years later. Roger has had a successful career as a minister; he is still active and has outlived his prediction by a factor of two. I still shudder about the thought that none of the roommates might have heard him upstairs and he could easily have been gone.