

Friern Barnet *Newsletter*

Published by Friern Barnet & District Local History Society

Issue Number 72

February 2018

CAPTAIN ALLASTAIR McREADY-DIARMID VC

by Colin Barratt

On Friday 1 December last a ceremony took place in Grove Road, New Southgate to unveil a memorial paving slab commemorating the award of a Victoria Cross to Captain Allastair McReady-Diarmid, who was born at 8 Grove Road in 1888. It was organised by Enfield Council, with the help of members of Southgate District Civic Trust and the London, Westminster and Middlesex Family History Society. This was one of hundreds of ceremonies which have been held across the country to recognise the brave actions of VC winners from World War 1.

Each ceremony and method of mounting the slab is different. After visiting Grove Road earlier in the year, we suggested a location to Enfield Council, which was alongside the main footpath through the Grove Road Open Space (known locally as “The Bombie”, as it was a bomb site for many years after WW2). This small park had recently been upgraded, and would provide a good site for the ceremony. This was agreed, and a granite block was obtained for the mounting.

The slabs are provided by the Government, and contain simply a large engraved Victoria Cross, the name, rank and regiment of the recipient and the date of the action which resulted in the award. It was thought that there should be more details shown about why the award was made, and a stainless steel plaque was produced with an engraved inscription explaining the details of the action. Two recesses were cut into the granite stone, so that the engraved slab could be set in one, and the plaque in the other.



The plaque reads *“Allastair Malcolm Cluny McReady-Diarmid was born in Grove Road, New Southgate in March 1888 and was a posthumous recipient of the highest award for bravery, the Victoria Cross, whilst serving as a soldier in World War I. On the 30th November 1917 at the Moeuvres Sector in northern France, after the enemy had penetrated into the allies position, Captain McReady-Diarmid of the Middlesex Regiment (Duke of Cambridge’s Own) led his company in a series of engagements through a heavy barrage to drive the enemy back. The following day, though the enemy continued to attack, Captain McReady-Diarmid led a further successful counter-attack, driving the enemy back to their original starting point, but was sadly killed by a bomb”*.

A colleague from the Family History Society had traced a number of descendants of McReady-Diarmid’s family, who were able to be present at the ceremony. At the start twelve cadets from Queen Elizabeth’s School in Barnet formed a line either side of the memorial stone, as a guard of honour. (McReady-Diarmid had attended this school, while living in Barnet).

There were several members of the Princess of Wales’ Royal Regiment (successor to the Middlesex Regiment), and the Royal British Legion. We were also honoured to have a current VC recipient in attendance, Sgt Johnson BeHarry, who received the award in 2005.

Cllr Doug Taylor, Leader of Enfield Council, opened the proceedings, saying “The bravery and sacrifice shown by Enfield’s Victoria Cross winners is humbling, and it is right and proper that the communities in which these brave men were raised should celebrate their bravery”. Speeches were also made by Ann Cable, Deputy Lieutenant for the London Borough of Enfield, Cllr Daniel Anderson, Cabinet Member for Environment and Lieutenant Colonel D W Utting, Headquarters London District.

The stone was unveiled by the former Mayor of Enfield, together with Andrew Leach (a descendant of McReady-Diarmid’s family). There followed prayers and the blessing of the stone by Rev Fr Mark McAulay of nearby St Paul’s Church, New Southgate. Wreaths were laid in front of the stone by Doug Taylor, Cllr Anderson and Diana Bladwell (also a descendant of the family). The ceremony ended with The Last Post and The Reveille, by a bugler from the Princess of Wales’ Royal Regiment.

We moved across to St Paul’s church hall for refreshments afterwards, where I had set up a small display about McReady-Diarmid. This was a very successful event, attended by many local organisations, and was carried out with due reverence for his sacrifice exactly 100 years ago. The memorial stone will now be a permanent reminder to local people of this brave man.

WORKING AT FRIERN HOSPITAL -continued

by Barry Winter

Patients suffering from depression were often given Electroconvulsive Therapy (ECT) which was administered by the consultant medical staff and senior nurses. To the uninitiated ECT appears to be barbaric, as it involves giving an intravenous sedative and muscle relaxant and passing small electrical currents through the brain by electrodes to induce small seizures. I had assisted and been present on many occasions and I have to say that after the first or second treatment you could notice



A male ward. I am sitting at the table

great improvement in their depression and they would be able to manage every day hassles more effectively and would take more pride in their personal appearance, eat a proper diet, associate with other patients, sleep without sedation and take more interest in everyday life. Initially ECT was only given to patients who had been sectioned under the Mental Health Act but latterly it was widened to other patients. Their treatment would be discussed with them beforehand and would sign an agreement form. Their mental and physical conditions would be monitored by the Charge Nurse on a daily basis and recorded in their personal records.

Another treatment at the time was deep Narcosis by Insulin Injections. This was administered in the Male Admission Ward and the therapy commenced early in the morning and consisted of giving increasing daily intra muscular injections of insulin until the patient went into a deep sleep and began to have an epileptic type of seizure. This would then be interrupted by giving a glucose mixture into the stomach via a catheter introduced through the nasal passage which would bring the seizure to a halt and the patient would gradually recover consciousness and they would then be given a meal equivalent to breakfast. This treatment would last five days and the either continuing or ceasing the treatment was decided by the medical staff. As a junior member of the nursing staff I really couldn't decide if this beneficial to the patients but I believe it fell out of favour eventually because of poor effects

One day a patient on the ward was complaining of a pain in his leg. He was put to bed and the doctor was called to the ward to examine him. When he was asked how it happened he said he had been knocked down by a motor bike. The doctor asked him

if it had happened in the High Street and he said no, it was here in the ward and the bike had been ridden by the nurse who was in charge of the ward at that particular time. The patient pointed to the nurse and said: "It was him. He knocked me over". As the ward was on the third floor and considering the patient's mental condition, the doctor ordered an X-ray after entering the details in his case notes. He was diagnosed with a fracture of the femur and treated his leg was put in plaster. It turned out that what the patient said was actually true – this staff member used to take his motorcycle up the staircase at the back of the ward to do any repairs or maintenance needed which was great for the motorcycle but unfortunate for the patient and irresponsible and he was rather lucky not to be reprimanded as a result of the patient's misfortune. The accident actually happened in the dining area and the motor bike was only of some 40cc or so. Fortunately, the patient made a full recovery and lived to a ripe old age with no disability or discomfort.

As a student, you were responsible for making sure your male patients were shaved every other day. The Charge Nurse would take a packet of razor blades from his office, give you one and tell you to get on with it. After about half a dozen shaves I approached the Charge Nurse for another blade, only to be told to turn it around the other way! There were no electric razors or disposable razors then and it was no good trying to reason with him, so off you went and proceeded to finish about 25 to 30 patients. While you finished up just hacking at the last few patients, the Charge Nurse would be in his office sprucing himself up and shaving with a nice sharp blade – one of the perks of being a Charge Nurse, among others. Most of the Charge Nurses when I arrived in 1957 were of the old institution of Colney Hatch and now that it was a hospital times and procedures needed to change and quickly. In my short time there they most certainly did, and a great many of these old procedures disappeared to be replaced by a more professional attitude and work ethic.

One particular ward had bathing of all the patients once a week in the afternoon. They would be told to undress outside the bathroom and the nurse would be preparing two baths. When undressed, the patients would walk in single file into the bathrooms to have a quick wash standing up then out to get dressed in ready prepared clean clothes. You realised that it wasn't quite the same as The Ritz, but who was I to try and change long standing practices. All these types of practices were obviously stopped when Friern closed and patients were reallocated to hospital and Community Care.

The night shift started at 9pm and finished at 7am the next day. Most wards only had one nurse, and some had two at the most. You needed to get the patients up and dressed, administer the medicines and await the arrival of the day staff at 7am. Some staff even came in with pyjamas and an alarm clock ready for a good night's sleep. The day staff would come in and find all the beds would be clean so they inherited no problems. However, what gave the game away in the end was that all the patients were incontinent during the night and there was no foul laundry evident anywhere. I actually slept once in the operating theatre on the operating table right next to a cadaver all ready for the mortuary – just a little scary and not everyone's cup of tea. One of the more senior staff I was on night duty with was against any of this so you were awake all night, and quite right too. The night nurse would visit all wards to check the staff numbers and that all was well with the world. If you had two staff on duty on some wards and it was not too busy a ward, you could possibly expect to have a sleep maybe in a chair or an empty bed for a few hours. You would both be ready by about 6am to get all the patients up, washed and dressed and their medication administered and ready for breakfast and for the day staff to come on at 7am.

I remember the infirmary ward was being redecorated and patients moved to a different ward that had a fire grate in the middle of the ward. When I went on duty that night I was told I would be on this ward and when I got to the ward there was a lovely roaring fire as it was in the winter. The only trouble was I had had a couple of beers and I couldn't keep awake sitting in front of this and every time the other nurse saw my eyes glaze over he would jump up and rattle the grate. Then we went round all the beds changing any patient who was incontinent, then back to the chair in front of the fire; the same routine throughout the night. When 7am came I would go to the cafeteria for my breakfast, then to my room to fall fast asleep until ready to start all over again next night and always hoping I would get another easier ward or different staff who might be a little more understanding. Patients differed from us as they needed a good night's sleep, not to be disturbed unnecessarily every ten minutes. I have known where a member of the night staff would come on duty and promptly get a patient up from his bed and go to bed there, with the patient forced to sleep in a chair for the night, not every night, of course, because you couldn't expect to be on the same ward every night as you would be rotated to different wards according to staff levels. These were usually staff not suited to these kinds of nursing situations and therefore not lasting too long in the profession when they were discovered.

The patients always had their meals on the wards and they were plentiful, nutritious and well prepared with different meals for special patients. Meals were important as a great number of patients would have been working during the day in the various departments or in the hospital grounds assisting the gardeners, in the laundry, kitchen, storerooms or helping the ward orderly cleaning the ward. Breakfast was served between 7am and 8am and at 10am a morning cup of tea was given. Lunch was at midday, teatime at 4pm and supper at 7pm. Most wards used ordinary cutlery but on some wards where the patients had chronic psychiatric illnesses you would have to organise the meals quite differently from normal. Patients would be seated at the tables for their meals first and the meals would be served up individually to ensure that had a meal. If they were served all at once some of them would eat their meal very quickly and then try and steal off other patients plates so they could they would put an arm around the plate to protect it. If something like bread or cake would all be picked up directly. Tea would be drunk as soon as it was poured into the cup, boiling hot and then waiting for a second one. You and I would find it almost impossible. Before and after each meal the cutlery would have to be counted to ensure that some of it had not been secreted by patients. Sometimes the utensils could be dangerous in some patients' hands, to harm themselves or others.

On one occasion a member of staff was involved in an accident outside the hospital. He was taken to the local General Hospital with no identity and the only way they traced him was through his clothing which was labelled FRIERN HOSPITAL and had a patient's name on it. On contacting Friern, they were surprised to discover he was a member of staff, not a patient. Our uniforms were made by Hepworth's the Tailors and were renewed every year so when you had your new one you kept it for social events outside hospital hours and used last years for one more year; that way you always had one decent suit.

Patients who were employed in the different hospital departments such as the kitchen garden, laundry, coal yard or bringing the ward meal trolleys were allowed cigarettes or tobacco which would be allocated by the nurse in charge of each section. To make it last a week the Charge Nurse would cut the pack of tobacco with a razor blade so

there was just enough for one or two cigarettes because if it was given all at once it would be smoked in one day or even less and the nurse would be pestered continually for more and if none was available it could turn confrontational which was obviously not desirable. The nurse would probably like a smoke as well – another perk of the job – although it didn't apply to me as I didn't smoke either then or now. Not every patient smoked or wanted all his tobacco allowances, some preferred sweets or other provisions from the hospital shop where they could choose to supplement their diet. So they did have a great choice of shop in the hospital or the local shops in Friern Barnet Road just outside the gates. If some patients did not have the freedom to do this themselves then they could expect help and assistance from senior staff or even other patients.

One patient was always so constipated the only solution to his problem was not medication, which had no effect. He would be placed in the bath, a tube inserted into his bowel and by using copious amounts of water and manual assistance he would be relieved. It was not textbook nursing but it was very effective. I remember when I was in charge of the medical ward I was asked to go and see a patient in another ward. On arrival I found him in bed, unconscious, and when I removed the bed clothes to examine him I noticed severe reddening all over his legs, the back part of his abdomen and most of his arms. I was told he had got into a bath of boiling hot water without supervision, obviously somehow he had been able to find the taps, which were always removed after bathing because of such an occurrence. Sadly, he didn't survive long after, dying of third degree burns and pneumonia.

On numerous occasions when I was in charge of the medical ward patients from other wards would be brought in with black eyes, usually explained away by staff as another incident involving other patients. From my experience, I could usually tell if that was the case or maybe a member of staff losing his temper when things didn't go his way. There was no proof but the doctor was always informed and the event was recorded in the patient's case notes. One poor patient seemed to have a sixth sense because whenever it was almost 2pm on visiting days, Thursdays and Sundays, he would urinate in his bed and stand by the side in his wet pyjamas and when his visitor arrived and found him in this state she would always come to my office and ask to see the doctor. He would then approach me and ask why this always seemed to happen. I explained he always had his linen changed as late as possible, maybe 5 minutes before visiting, but no matter how late I checked, he always managed to have urinated in bed afterwards. I even had the doctor check and witness what happened. I assume his relative was satisfied by the report and the explanation I had given as their concerns were never repeated to me although the procedure continued as before.

One of my duties as a nurse in the medical ward was to have the doctor examine and treat any ailments of resident staff and if possible medical treatments I could perform. Dentures of patients had to be cleaned, so the procedure was to remove them all and put them in the sink and clean them all together and put them back in single tooth mugs. Some staff thought that it was enough that the patient had an upper and a lower pair, that was sufficient, but it never happened on my shift. Reading glasses were a different matter. I had a suitcase full of them and if a patient complained they had difficulty watching TV, out would come the suitcase and pairs were tried until they were satisfied they could see. They might have been theirs anyway as glasses were continuously being lost and you would never know who they belonged to.

I remember one ward where you had to go in the morning at 7am and there was a mess with about 25 patients who were all incontinent. Their beds all had rubber mattresses and pillows and the patients had the most awkward of night attire consisting of a long night shirt with only an opening to get their head through. So the only way to get it off was to pull it over their head. What with the 40-50 sheets plus pillow cases and night shirts there was an overpowering smell of ammonia. The windows were closed and even if they were opened it was only some 6 inches for security reasons. This daily morning event of preparing the patients for their breakfast and daily events were carried out as efficiently as possible. All you wanted was fresh air which would come soon in the morning after breakfast. Some patients could exercise in the enclosed courtyards under staffing supervision.

Long stay chronic patients on the back section of the hospital were exercised every day in the exercise courtyards which were enclosed to prevent patients escaping. They would be taken out wearing whatever they had on, usually trousers, jackets, shirts and shoes and usually no underwear or socks mostly because they would discard them or even refuse to wear them. It was the same in both winter and summer and surprisingly they never caught colds. Some would be naked and they would always be taken back to the ward with as much dignity as possible. Obviously, they wouldn't be taken out in all weathers and not all wards every day but patients would certainly be benefitting from this opportunity to walk or sit in these areas which had different plants and flowers, all tended to by other patients and staff.

One morning shift I was detailed as an escort, along with another Charge Nurse, to Southend with a coach full of patients on a day trip to the seaside. We knew none of the patients' names and did not know them by sight and therein lay the problem. We stopped for lunch at an arranged café on the way down and they were checked back on the coach and we were on our way again only to realise that we were one short. At Southend we reported back to the hospital. When it came time to return they were all checked back on the coach and I noticed that the missing patient was actually with us and so we reported to the hospital that the patient was alive and well. So off we went and we checked the numbers again and we were still one short, so we were on the phone again. We arrived back with all the patients on board except the missing one who we eventually identified and reported him missing back to the hospital. They notified the police of the Southend area and he was found and returned unharmed to Friern. Our performance that day couldn't have instilled much confidence in our superiors and I am glad to say that I never went on another trip with that Charge Nurse again!

I was detailed to go to Heathrow Airport in an open topped car owned and driven by the hospital's Senior Consultant. This was in the winter so I was glad when we reached the airport. The Consultant told me to make my own way back to the hospital and I was glad to travel in the comfort of the Underground rather than in his open car. Many years later I took his mother into the residential care home in Barnet that my wife and I were running and I reminded him of our previous meeting. On her death, we had a great send off for her at the home which was celebrated by all her family.

One day while the patients were being visited by their relatives, I was approached by a wife who was trying to get her husband to sign his pension book so he could manage financially whilst he was in hospital. It was all to no avail as he simply refused. I then approached the ward doctor who reasoned with him and eventually he came into my office with a beaming self-congratulatory smile to inform me he had done it. It was only

when we inspected his signature that we realised that he had made a rather rude comment, telling his wife in no uncertain terms, where to go. I eventually suggested she applied to the DHSS to be made his representative which was eventually granted.

I finally left Friern Hospital in 1970 and I have to say that, overall, its closing in March 1993 was probably a mistake. Under one roof everything had been provided for patients – medical and psychiatric treatment, work experience, therapies of various kinds such as music and art and preparation for release back into the community where possible. With Care in the Community patients were invariably left to their own devices and did not have the day to day supervision and support that Friern offered. I consider that the asylum was a great and forward thinking approach to the mentally afflicted in Victorian times as people were treated in humane conditions. The word “asylum” means a place of sanctuary and refuge and that was precisely what was provided. Nowadays, with many of the asylums having been closed there is nowhere for them to go. Clinics or hospital day clinics are few and far between and they are difficult to locate and their opening times are not always suitable, particularly as emergency treatment is sometimes required after hours.

If patients are lucky enough to be assessed and given treatment by psychiatric medical staff as an in-patient, medication will be administered and a return date will be given. There is no guarantee that they will even take their medication and they can become a further source of concern for their relatives and themselves. Many of these unfortunates can be seen on our city streets, sleeping rough, relying on charitable handouts and pestering passers-by for money. They are also at risk of being murdered or of committing suicide. I am sure that asylum was by far the better option, but it all comes down to the lack of money. Psychiatry has always been at the bottom of the league when it came to finance and I can't see it changing anytime soon.

All in all, I consider my eight years at Friern Hospital were happy and rewarding and the majority of the staff there were caring and considerate.

MEMORIES OF A TEACHER AT ST JOHN'S

by Frances Philpott

I started teaching at St John's in the junior department in 1961 when I left college. I began in the old Victorian school building where the atmosphere was good but the facilities were very different from today.

There were three infant classes for boys and girls and three junior classes for girls only. Junior boys went to St James' which was in another Victorian building which was later used for the nursery. There was no hall so the reception classroom was used for infant assemblies and for school dinners. There was a small kitchen from where the meals were served. They were cooked elsewhere and delivered in insulated containers. Junior assemblies were held in the top classroom. This was also used by the staff at lunchtime as there was no staffroom. When teachers had any time out of the classroom the only place to go was the office which was just about big enough for two desks, one each for the head and the secretary, some filing cabinets and bookshelves. In the corridor next to the office were three sinks where children could wash their hands and where washing up after painting or craftwork had to be done.

The toilets were across the playground which was horrible if it was very cold or even worse if it was pouring with rain. The key to the staff toilet hung in the corridor. The

classrooms were not the light, well equipped spaces that the school has now. The windows were too high to see anything but the sky and the desks were the old-fashioned, iron framed type with tip-up seat and a sloping top. An ink monitor's job was to make sure that all the inkwells were filled up as the children had to use dip pens – no fountain pens were allowed. My supervisor was so appalled that the school still had these that she suggested to the head that they should be replaced as soon as possible. By the end of the term all the juniors had lovely wooden tables. This meant that my classroom had much more room for the children had much more room for the children to move around as there was enough old desks for forty-eight children and there were only twenty-eight in my class.

As there was no hall the only place to do PE was the playground if the weather was fine enough. The only outside space was a tarmac area about the size of a netball court. We could also use the old scout hut but this was really unpleasant because the wooden floor was very dusty and full of splinters. This rather limited what could be done. Occasionally the children were allowed on the field.

I was sent on a course to learn how to use a film projector as the school had one delivered by the council once a week. We could borrow educational films from the council as well. There was great excitement, however, when a year or two later the school bought a very heavy television which was taken from classroom to classroom on a large trolley. This was long before the advent of video recorders so we had to watch the school programmes at the time when the broadcast which wasn't always easy to arrange. There were no other modern technological aids. If I wanted to reproduce worksheets I hand wrote them using carbon paper! It was also possible to get rather poor copies using special paper and a tray of a jelly-like substance.

I taught in the old building for three years and by the time I returned in the early seventies two of my children were pupils in the new building. It was wonderful to have seven classrooms, a hall, dining area, offices, staffroom and a large kitchen where meals were cooked on site. There was an extra room which had a kiln so that any pottery could be fired. Outside there was a wonderful area of tarmac and grass.

After a lot of fundraising a group of parents built the swimming pool and it was a great day when it was finished. Everyone had two lessons a week and a hot drink was provided afterwards. There was a hairdryer available for anyone whose hair was considered too wet. This was a new start and a lot has changed since then – I wonder what it be like in another thirty years.

(This article appeared in the Summer 2007 issue of 'Fulcrum. The Parish Magazine of Friern Barnet')

POOR FOLK IN 1774

by John Heathfield

In 1597 the Act for the Relief of the Poor created the post of Overseer of the Poor whose job it was to administer money, food and clothing to the poor of the parish. At that time, there were two types of poor relief: indoor and outdoor. Indoor relief meant that the individual was put into a workhouse or poorhouse and looked after there, whereas outdoor relief provided money or goods to people who lived in their own homes.

In Friern Barnet the lucky paupers could live in the almshouses. Others were paid small sums from the poor rate which was levied twice a year and collected by the Overseer of the Poor. The post was unpaid and therefore unpopular, but some unfortunate local had to do it. The appointment lasted a year and fortunately the accounts have survived. In one month in 1774, for example, relief was paid as follows:

Nov 17	Gave Mary Norcutt	1s 0d
	Gave Big Billy	6d
Nov 19	Gave Mary Norcutt	6d
	Pair of breeches for Wm Turner	6d
Nov 22	Petticoat for Mary Norcutt	3s 0d
	Lodging Mary Norcutt	1s 0d
	Gave a crippled soldier	6d
	Hire of room at The Green Man for vestry meeting	5s 4d
Nov 29	Gave a lame man with a child	6d
	Mending Sarah Turner's shoes	6d
	Thread & yarn for Turner's girls	3d
	Abraham Smith for burying a poor boy plus a box for putting in	1s 6d
	Treacle, brimstone, copper and hogstar for Sarah Turner	1s 0d

The parish raised £77 6s 3d for the poor in 1774.

Paupers were paid a kind of pension, which in 1787 was:

Wm Footman snr	4s 6d
Widow Fotherby	2s 0d
Widow Ellis	3s 0d
Widow Weaver	2s 6d
Widow Goodman	2s 0d
Widow Innis	2s 0d
Widow Bradford	2s 0d
Potters two children	4s 0d
Mary Ellis	2s 0d
Mrs Heady for Parker's children	6s 0d
Mrs Marsh for Hunnybun's children	6s 0d
Mrs Wath for Rose Bombay	2s 0d
Richard Watts	5s 0d
Widow Page for Langley's children	6s 0d
Sarah Watson	3s 6d
Widow Page	2s 0d
Martha Sherston	1s 0d
Susan Thraile	1s 0d

It is ironic that we know the names of many of the paupers but only know the names of the ratepayers from the burial records.

TOTTERIDGE & WHETSTONE STATION

We recently bought a photograph on eBay which shows Totteridge & Whetstone Station as it was in the 19th century. The station was opened on 1 April 1872 by the Great Northern Railway and was named Whetstone & Totteridge. The High Barnet branch of the railway was later electrified and became part of the Underground network with Northern line trains first calling there on 14 April 1940.



The view looking northwards

The section between Archway and East Finchley had been opened in July 1939, two months before the outbreak of war and the section between East Finchley and High Barnet had the distinction of being the only tube line to be extended during the Second World War.



A contemporary view, looking south in August 2014

The image has been added to our website where there are now over 9000 images of the local area.

STC IN WALES

by John Holtham

STC set up a manufacturing factory in Treforest in South Wales. It was primarily to assemble TXE2 telephone exchange equipment. TXE2 had primitive computer control but the actual switching was performed by reed relays. A reed relay is basically a glass tube containing two flexible metal 'reeds' that are made to make contact by a magnetic field from a coil that surrounds the glass tube. This was in the late 1960s and printed circuits were not available. The components were mounted on pegs fixed to insulating cards and joined together, as required, by insulated wire. The wiring ran through the assembly, known as a 'unit', in plastic troughs.

My job was to test these units to ensure that they did what was required. A special piece of test equipment had been designed and built at New Southgate and I was one of the team sent to Treforest to get everything ready to hand over to the locals. It must be borne in mind that most of the workforce at Treforest was female and had no experience of electronics, apart from their basic induction course.

I was fault finding one of the units and there did not seem to be a connection between two of the pegs. The wire was there, this was checked by pulling each end to see it move in the trough. Eventually I was forced to open the trough and remove the wires to see what was wrong. To my surprise the wire must have been broke and the lady operative, clearly used to knitting, had tied it back together, unfortunately she did not remove the insulation from the wire so there was no electrical connection!

On another day, we arrived to be greeted by a strong smell of hoy rubber. This was quickly traced to an extension lead plugged into one of the 13 amp sockets. We followed the lead as it disappeared through a doorway into a large warehouse area. We found on the end of the lead an industrial 30 amp connector and a thick armoured cable. The armoured cable fed an electric arc welder where someone was doing some repair work on a car. A serious fire was averted by our arrival.

SUBSCRIPTION RENEWAL

Your subscription runs out on 31 March 2018. If you wish to renew for a further year, from 1 April 2018 - 31 March 2019, please complete the enclosed form and return it with your cheque.

We are pleased to say that the rates remain the same - £8 for a single person and £14 for a couple or group.

**Friern Barnet & District
Local History Society**©
President John Heathfield

Chairman: David Berguer
46 Raleigh Drive, N20 0UU
Phone: 020 8368 8314

Email: friernbarnethistory@hotmail.co.uk
Website: www.friern-barnethistory.org.uk Photographic website: www.friern-barnet.com