



CIVILIAN DEFENSE INDEX

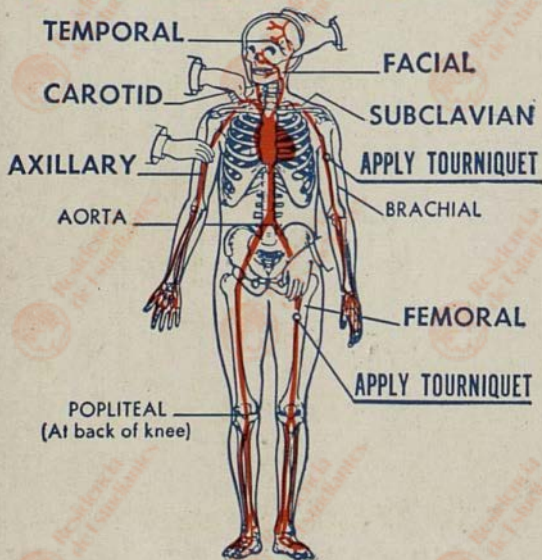


THE HENRY WALKE COMPANY

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1884 - Fifty Eight Years - 1942

+ ARTERIES AND PRESSURE POINTS TO CONTROL BLEEDING



+ CIVILIAN DEFENSE INDEX

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PAT. APPLIED FOR

It's Patriotic To Be Prepared

WHAT YOU CAN DO

YOUR CIVILIAN DEFENSE INDEX

Keep it handy. Study it; know **WHAT** to do and what **NOT** to do when an emergency occurs. **BE PREPARED!**

IN AN EMERGENCY

Keep calm; obey orders; avoid crowds and panic; keep up the morale; ignore rumor-mongers and calamity-howlers. **IF YOU DON'T KNOW WHAT TO DO, DON'T DO IT.** (Enroll in Civilian Defense Classes and in the Red Cross First Aid Course so that you will **KNOW** the right thing to do—to give relief and save lives.)

ENROLL IN CIVILIAN DEFENSE

There are suitable jobs for everyone—the following are a few of them:—

FOR MEN—Auxiliary Firemen and Police, Demolition and Clearance Squads, Disaster Relief Service, Electrical Repair Units, Rescue Squads, Road Repair Units.

FOR WOMEN—Disaster Canteen Corps, Mobile Kitchen, Motor Corps, Nurses' Aid Service, Production Service, Staff Assistance Corps, Telephone Operators, Volunteer Home Services.

FOR BOTH MEN AND WOMEN—Air Raid Wardens, Blood Donors, Decontamination Squads, Emergency Medical Forces, Fire Watchers.

FOR EVERY CITIZEN—Contribute to Community Welfare Councils, Army Welfare Work, Red Cross, U. S. O., War Relief Societies.

LET'S GO U. S. A.! Apply now—at your local Defense Council, Chamber of Commerce, Red Cross

BUY U. S. WAR BONDS AND STAMPS

AIR RAID WARNING**KNOW YOUR AIR RAID WARNING SIGNAL**

The ALL-OUT ALERT signal usually consists of short blasts of rising and falling pitch on whistles, horns or sirens. It means enemy bombers are approaching and a raid is expected in about five minutes.

The ALL-CLEAR signal is usually a continuous signal of about two minutes duration.

WHAT TO DO WHEN YOU HEAR THE WARNING SIGNAL**WHEN AT HOME**

1. Black out all lights.
2. Turn out all gas stove burners—DO NOT TOUCH pilot lights, water heaters, furnaces, electricity or water supply. (Check your local regulations as this rule may vary in different localities.)
3. Check all Household Precautions.
4. Go to your Refuge Room.

REMEMBER—Keep calm. Stay away from windows and outside walls. Don't telephone. Keep radio on for emergency bulletins. Stay under cover until after All-Clear is sounded. Don't worry about your personal belongings; your life is more important.

IF BOMBS FALL NEARBY, get under a sofa or heavy table; a mattress under the body combines comfort and safety.

YOUR AIR RAID WARDEN is there to protect you—do what he tells you.

AWAY FROM HOME, INDOORS

Keep calm and WALK to safest place. In high steel buildings, if there is no designated refuge, go to center rooms in middle floors. Stay away from windows and outer walls. Avoid crowds. Obey your police and civilian officials. Do not telephone.

OUTDOORS

Keep calm. Get off the streets. Get under a shelter. Do not telephone. Stay away from windows. Obey Air Raid Wardens. If no shelter is available stand close to corners, avoiding windows and doors. If bombs are falling, lie face downward, resting on elbows, hands clasped behind the head, and chest raised slightly from the ground to avoid earth shock. The best place to lie down is close to a wall in a doorway.

IN YOUR AUTOMOBILE

1. Park close to curb. (Avoid blocking driveways; keep well clear of fire hydrants.)
2. Put out lights, pull up hand brake. Do not lock car doors.
3. Seek Shelter.

HOW TO PREPARE YOUR HOME FOR BLACKOUTS

1. For windows, prepare heavy dark drapes and means for fastening them securely, or build screens or shutters of wood or heavy wallboard. (Skylights and glass doors must also be blacked out.) A good blackout screen must also afford protection against flying glass. It should overlap the window on all sides by at least eight inches.

2. Have your flashlight ready for use. (It is never to be pointed upward or at any object which might cause a reflection on the outside.)

3. Make arrangements for ventilation so that air can come in without light showing outside. Windows can be left open to allow air under edges of overlapping blackout screens.

4. When everything is ready, make a test blackout and examine the house thoroughly from the outside to see if light shows through.

5. REMEMBER—No light to show outside—Open flames outdoors to be extinguished—No light to show when doors are opened.

OUTDOOR CONDUCT IN A BLACKOUT

1. Keep to the right on the street.
2. Do not run.
3. Cross streets cautiously.

4. No smoking or lighting matches in the street.
5. Use flashlight sparingly—Never point it upward.
6. Wear white outer clothing, reflecting buttons, etc.

**YOUR AUTOMOBILE IN A BLACKOUT**

1. If possible use your car only during daylight hours. Do not park on the street overnight.

2. If necessary to drive, move slowly, obey traffic rules. Head and tail lights must be blacked out in accordance with official regulations. White fenders and white body stripes are an aid to safety.

INCENDIARY BOMBS

The most common type is the Magnesium Bomb, length about 14 in., weight about 2 lbs. When it strikes a roof or other hard surface it bursts into flame and sputters out burning metal up to as far as 30 feet around for about a minute. After the first minute the sputtering stops and it continues burning intensely for about 15 minutes. Some incendiary bombs also have an explosive charge which should be guarded against during the first two minutes as the explosion can cause serious wounds within a radius of 30 feet.

HOW TO FIGHT AN INCENDIARY BOMB

1. **WITH WATER**—Play a fine spray on the bomb until extinguished. NEVER USE A SPLASH OR STREAM OR BUCKET OF WATER AS THIS WILL MAKE IT EXPLODE. Play a heavy stream on the surrounding fire only.

2. **WITH SAND**—(a) Use long shovel—Approach carefully in crouching position and cover bomb with sand—When under control, carry bomb on shovel to safe place. (b) When a fire bomb falls in the open, hold a sandbag in front of your face, run up and place it squarely on the bomb, then dash away quickly.

3. **WITH FIRE EXTINGUISHER**—DON'T USE THE CHEMICAL KIND (SMALL BULLET-SHAPED PUMPS OF LIQUID) ON BOMBS. Soda-Acid or Foamite (the kind you turn upside-down) may be used. Put thumb on nozzle to get spray effect. One extinguisher will not be enough to put out a bomb.

HIGH EXPLOSIVE BOMBS

High explosive bombs vary in size, weight and effect and may be either of the fragmentation or demolition type. Their effects are impact, earth shock, blast, fragmentation and fire. The best way to defeat them is to obey all the rules of blackout and air raid precautions both before and after a raid. Beware of unexploded bombs; they may be time bombs; report their location to the nearest authority.

**TYPES OF BOMBS AND THEIR EFFECT**

ESCAPE AND RESCUE

1. When entering a house to look for the occupants, start at top and work downwards.
2. When in a fire, lie down and crawl to avoid smoke and heat.
3. Do not use burning hallways or stairways when rescue can be made through a window.
4. In a burning room, keep near the wall.
5. To move an unconscious person along the floor, lay him on his back, tie his wrists together, kneel over him, put your head through his arms, crawl forward.
6. To move an unconscious person downstairs, lay him on his back with head towards the bottom of the stairs, support him under armpits and back yourself down while pulling him along.
7. If your clothes are on fire, clap your hands over your mouth, lie down and roll over and over on the floor.
8. If another person's clothes are on fire, hold a blanket or coat in front of you, throw him to the ground, wrap it around him and roll him over and over until fire is out.

9. In a burning building keep doors and windows closed as much as possible. If necessary to enter a burning room, open door carefully, using door as shield; then drop to floor and crawl, keeping close to walls.

10. To escape from window use ladder or rope; if necessary to jump, sit on window sill, turn around so as to face wall, hang from your hands and drop with knees bent.



Rescue from a Burning Room



Bringing Victim Downstairs

GAS WARNING

A PERCUSSION SOUND—Bells, drums, hand rattles, etc.

WHAT TO DO IN A GAS ATTACK

1. If the presence of gas is suspected, report it to the nearest warden.
2. If you have a gas mask, put it on at once.
3. Go to your gas tight room, or to high ground or the upper floor of a building.
4. If caught in gas be calm; avoid exertion; walk at right angles to wind, not with or against it. If you have no gas mask, breathe through a wet handkerchief or cloth. Report to your First Aid Post.

THE GAS-TIGHT ROOM

Your Refuge Room can be protected against gas by tightly closing all openings. Take in all necessary supplies; use tape, wet newspaper mush or other caulking material; seal door and window cracks, pipe and conduit holes, wall, floor and ceiling cracks, fireplaces and chimneys. Allow 20 square feet of floor space for each person who is to occupy an average room with a ceiling about 9 feet high. This will allow enough air for 10 hours. Have extra pieces of wall board, nails and caulking material in case windows are blown out by explosions.



1—BLACKOUT MATERIALS

Have all materials ready (see page 2). Make a blackout test and check up from outside of house.

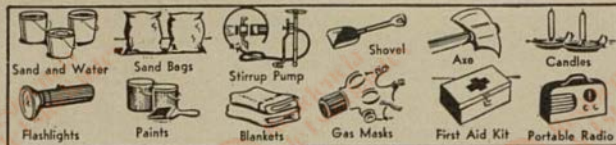
2—AIR RAID DRILL

Select a Family Air Raid Warden to be responsible for all household precautions. Plan your course of action if an air raid comes. Then have periodic air raid drills and check-ups to see that all precautions are in good working order.

3—EMERGENCY DATA

Have all emergency data at hand (see last page).

4—EMERGENCY EQUIPMENT



Have all emergency equipment at hand—shovel, sand, water, buckets, hose, nozzle and pump for incendiaries; axe, ladder, lanterns and candles, flashlights, First Aid Kit, blankets, sandbags, gas masks, blackout and luminous paint, portable radio.

5—REFUGE ROOM

Have your Refuge Room all equipped and ready (see page 7)

HOW TO CHOOSE YOUR REFUGE ROOM

When choosing a refuge, keep in mind the following conditions:

1. Situation—in centermost part of building, as far as possible from outside walls.
2. Little or no window area.
3. Ceilings and surrounding structures should be fire-protected and should be strong enough to support heavy loads of debris; floor above should not be overloaded.
4. Gas and steam pipes should not pass through room.

HOW TO EQUIP YOUR REFUGE ROOM

1. Have all Blackout Preparations ready (see page 2).
2. Have Emergency Equipment at hand—shovel, axe, reserve blackout materials and tools, water, sand, flashlights, portable radio.

3. Have room comfortably furnished: chairs, beds, blankets, washing and cleansing materials, toilet facilities, games to pass time. Tables and mattresses are convenient for protection when bombs are falling.

4. In event of a raid, take in food, drinking water, additional clothing, medicines, eyeglasses, dentures and personal effects.

YOUR SAFEST SHELTER

England has found the safest place of refuge during a bombing to be in your own home refuge room. However, intermediate floors in many large steel buildings as well as well-ventilated basements and sub-basements are quite safe. There are also many excellent specially constructed shelters. Ask your Senior Post Air Raid Warden what your best refuge is.



HOME DEFENSE

REMEMBER—

BE PREPARED — Learn what to do NOW—If a raid comes, DO IT CALMLY.

Keep calm. Don't lose your head. Get off the streets. Avoid crowding and panic. Get under a shelter. Don't listen to rumors. Obey orders.

Put out all lights. Stay away from windows. Don't telephone. Cooperate with Air Raid Wardens. Fight fire bombs promptly before they can spread. Don't rush out when All-Clear sounds; maintain the blackout.

DANGER!

NEVER douse an incendiary bomb; ALWAYS use a fire spray.

STAY AWAY from unexploded bombs or shells; report them to the nearest authority.



FIRST AID

REMEMBER—

Keep patient lying down.
Be calm.

Locate all injuries.
Remove clothing when necessary.

Treat most dangerous conditions FIRST, in following order:—

1st—SERIOUS BLEEDING.

2nd—STOPPAGE OF BREATHING.

3rd—POISONING.

TREAT FOR SHOCK.

Send for doctor or ambulance.

Do not move patient unless absolutely necessary.

Keep patient warm.

Keep bystanders away.

Try to ease patient; cheer him up.

DANGER!

Do not let bleeding go unchecked.

Do not neglect treatment for shock.

Do not give liquids to an unconscious person.

Release tourniquet every 15 to 20 minutes.

Avoid any possible further injury to patient.

SYMPTOMS

Must be treated for in all cases of injury to head caused by severe blow or fall resulting in unconsciousness (even though of short duration).

Look for bleeding from ears, eyes, nose.

TREATMENT

Keep patient lying down.
Elevate head (unless face is pale).

Dress injury.

NO STIMULANTS.

Keep patient warm.

Cold applications to head.

DANGER!

No Stimulants.

Avoid all unnecessary handling of patient.

If necessary to move, do so very carefully, and only in lying position.

SYMPTOMS

Break in skin, incised, lacerated, punctured, abraded or contused.

TREATMENT

1. When bleeding is not severe: Apply antiseptic (mild tincture of iodine) on and around wound. Allow iodine to dry, cover with sterile compress and bandage.

2. Wounds with severe bleeding (arterial or venous). Apply pressure.

IMPORTANT

See doctor on all puncture wounds. Give all wounds attention no matter how small.

DO NOT wash wounds with water. Use alcohol, benzine, etc. to remove grease.

DO NOT disturb blood clots.

NEVER use iodine near eyes or body cavities; never re-apply it.

NEVER use adhesive tape or cotton directly on a wound; use a sterile compress.

SYMPTOMS

Dizziness.
Face pale.
Cold sweat.
Eyelids droop.
Breathing shallow.
Unconsciousness.

TREATMENT

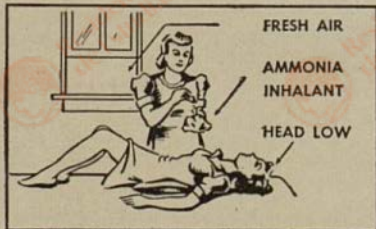
Lower head or elevate limbs, keep patient lying down.

Loosen tight clothing.

Give stimulants (ammonia inhalant or smelling salts) or sprinkle cold water on face.

When conscious give stimulants by mouth.

If fainting is prolonged, apply external heat to body and call a doctor.



SYMPTOMS TO LOOK FOR

DANGEROUS—Serious bleeding, stoppage of breathing, poisoning, heatstroke—**IMMEDIATE FIRST AID TREATMENT REQUIRED.**

RED FACE—flushed, strong pulse. Elevate head slightly. Keep patient quiet. Loosen tight clothing, neck. Cold packs to head. **NO STIMULANTS.**

WHITE FACE—Weak pulse. Keep head low. Keep patient quiet. Apply external heat. **STIMULANTS** if no head injury or serious bleeding.

BLUISH FACE—Artificial respiration indicated.

DANGER!

No stimulants—Red face, skull fracture, concussion, heatstroke, fits.

Violent accidents—look for head injury.

Intoxication—look for other injury—treat for skull fracture or apoplexy if suspected.



Concussion, Sunstroke, Hemorrhage **GIVE NO STIMULANTS**

SYMPTOMS

Unconscious (blue or very white).
Breathing stopped.
Burn at point of contact.
Pulse weak or not present.
Body may be stiff or rigid.

RESCUE

Turn off switch or have someone call power company to shut off current if possible.

In any event, rescue victim without delay.

Carefully insulate your feet by standing on rubber, dry board or other DRY material.

Use long DRY stick or rope to disengage victim from wire.

TREATMENT

Start artificial respiration without losing a moment's time.



Send for inhalator and medical aid.

Do not stop artificial respiration.

Disregard any stiffness of body—continue resuscitation.

After revival give treatment for burns.

Keep patient lying down.

(ASPHYXIATION)**SYMPTOMS**

Unconscious.
Breathing stopped.
Lips, ear lobes blue.

TREATMENT

Take victim into fresh air (not outdoors in cold weather).

Start artificial respiration without losing a moment's time.

Keep patient warm.

Send for inhalator and medical aid.

Do not stop artificial respiration.

Keep patient lying down.

CHOKING

1. Slap patient on back.

2. If patient is a child, hold upside down by heels, slap back.

3. Induce vomiting by finger in throat.

4. If choking continues, call a doctor.



SYMPTOMS

Unconscious, not breathing, pulse weak, body cold.

RESCUE

Use boat if available or throw life buoy, or use long plank, pole, or oar. Otherwise swim to victim and tow to safety. (Approach victim from rear to avoid stranglehold.)

TREATMENT

Start artificial respiration without losing a moment's time.

Keep patient warm.

Send for inhalator and medical aid.

Do not stop artificial respiration.

Keep patient lying down.

IMPORTANT

Keep nose and mouth low—allow water to run out. **DO NOT** attempt to remove water by any other means, such as rolling over a barrel.

In rescuing, **DO NOT** attempt to knock drowning victim out.

SYMPTOMS

Face pale, dull, anxious.

Expression vacant, disinterested.

Eyelids droop.

Cold perspiration, forehead, palms of hands.

Skin cold and clammy.

Pulse weak and rapid.

Lips, fingernails, ears, bluish.

Breathing irregular, sighing gasping.

Chill, nausea, vomiting may be present.

TREATMENT

Lay patient on back on blanket, head low.

KEEP PATIENT WARM—blankets, external heat.

Stimulants—Aromatic spirits of ammonia (one teaspoon to glass of water, or give coffee or tea.)

DANGER!

Shock is often cause of death—prompt treatment may save life.

DO NOT give stimulants in severe bleeding until checked.

DO NOT give stimulants in fractured skull or when face is red and pulse strong.



3 POINTS IN CARE OF SHOCK

BURNS**SYMPTOMS**

Reddening of skin, blistering or charring of tissues caused by heat (dry or moist), chemicals (acids or alkalis), or electricity.

RESCUE

See Page 4.

TREATMENT

SLIGHT BURNS—Cover with burn ointment to exclude air. Apply sterile gauze and bandage gently. (Chemical burns should first be flushed with water.)

EXTENSIVE BURNS—Remove all loose clothing except where it sticks to skin.

Apply sterile gauze or cloth in warm baking soda solution (2 to 3 tablespoons to a quart).

Treat for shock.

NOTE

Do not apply iodine to burns.

Do not try to open blisters.

Do not apply absorbent cotton.

ROLL IN RUG OR
BLANKET TO
EXTINGUISH
FLAMES



BANDAGE LIGHTLY

**HEAT STROKE
(OR SUNSTROKE)****IMPORTANT**

Do not confuse this condition with heat exhaustion (see below).

SYMPTOMS

Red face. No perspiration.

Skin hot and dry.

Pulse strong and rapid.

Breathing like snoring.

Unconsciousness.

Temperature high.

Usually begins with headache, dizziness, oppression and dryness of mouth and skin.

TREATMENT

Remove patient to cool place if possible. Remove clothing.

Lay on back, head and shoulders elevated.

Apply cold packs to head.

Wrap body in sheet and pour on cold water or place body in cool bath.

When conscious give cool drinks.

Rub limbs toward heart.

NO STIMULANTS

HEAT EXHAUSTION**IMPORTANT**

Do not confuse this condition with Heat Stroke (see above).

SYMPTOMS

Pale face. Sweating.

Skin moist and cool.

Pulse weak. Breathing shallow.

Temperature low. Faintness.

Symptoms usually begin with dizziness, nausea and unsteadiness.

TREATMENT

Have patient lie down.

Keep him warm.

Give stimulants.

Give patient salt (half teaspoon at a time with water at frequent intervals until a tablespoonful is given).

VENOUS BLEEDING**SYMPTOMS**

Dark red blood flowing steadily.

Apply pressure on edge of wound away from heart.

TREATMENT

Apply sterile compress firmly over wound and apply direct pressure.

Elevate bleeding part (except in case of fractured limb).

Loosen tight clothing from heart side of wound.

Do not allow blood clot to be broken.

If bleeding is severe, apply tourniquet on side of wound away from heart. Release every 15 to 20 minutes.

NOTE

Venous bleeding can usually be controlled by placing a compress over the wound and bandaging snugly—then apply firm pressure with the hand directly over this until blood clots.

BLEEDING, INTERNAL**SYMPTOMS**

Restlessness, anxiety, thirst, faintness, pale face, sighing, weak rapid pulse.

TREATMENT

Send for physician at once.

Keep patient flat on back. Turn head to one side.

Keep patient quiet—do not move.

Keep patient warm.

Reassure patient.

NO STIMULANTS

IN CHEST INJURIES ONLY—

Head may be raised to ease breathing. A few swallows of water may be given.

MONOXIDE

(Illuminating, coal or exhaust)

SYMPTOMS

Yawning, giddiness, weariness, ringing in ears, headache, nausea, fluttering of heart. Followed by unconsciousness (blue or cherry red).

TREATMENT

Take patient into fresh air as quickly as possible (not outdoors in cold weather).

Give artificial respiration when necessary.

Keep patient warm.

Send for inhalator and medical aid as soon as possible.

Do not stop artificial respiration.

Keep patient lying down.

POISON GAS**TREATMENT (General Rules)**

Act promptly and quietly; be calm.

Remove patient to clear air.

Have patient breathe through wet cloth or gas mask.

Keep patient at absolute rest. Loosen clothing.

Send for medical aid.

Do not permit patient to smoke.

IMPORTANT

Sneezing and Tear Gases—Treat as above.

Paralyzing Gas—Immediate hospitalization indicated—give artificial respiration.

Choking Gas (Lung irritant)—For lung irritants **DO NOT** give artificial respiration.

Blister Gas (odor of garlic, horse-radish, mustard, geranium). Patient requires immediate decontamination and treatment. First-aiders should protect himself and his clothing from contamination.

ARTERIAL BLEEDING**SYMPTOMS**

Bright red blood spurting from wound.

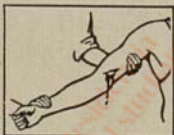
TREATMENT

Apply pressure with fingers or hand between wound and heart at the proper one of the six pressure points (see front inside cover).

Apply tourniquet. Release every 15 to 20 minutes.

DANGER!

A tourniquet is a dangerous instrument—be sure to loosen it every 15 to 20 minutes. Tighten only until bleeding stops; too tight may cause injury.

DIGITAL PRESSURE**TOURNIQUET****SIMPLE FRACTURE****SYMPTOMS**

Pain, tenderness at point of break.

Swelling.

Loss of motion in adjacent joints.

Compare with corresponding part on uninjured side.

TREATMENT

Avoid moving patient or injured part if possible. In removing or cutting away clothing or shoes, handle patient very carefully.

Send for physician.

Make patient comfortable.

Support limb above and below fracture.

Apply well-padded splints.

Treat for shock.

DANGER!

If fracture is suspected ALWAYS treat as such.

Careful handling is necessary to prevent further injury.

Do not attempt to set a bone.

Do not move patient before splints have been applied.

COMPOUND FRACTURE**SYMPTOMS**

Open wound, bleeding.

Bone may protrude.

Loss of motion in adjacent joints.

Pain, tenderness, swelling.

Compare with corresponding part on uninjured side.

TREATMENT

Treat for arterial bleeding if present. Even though not present, apply tourniquet LOOSELY in position, ready to tighten if necessary.

Apply antiseptic on and around wound and to protruding end of bone. Bandage.

Apply splints in line of deformity.

Do not straighten.

Send for physician.

Treat for shock.

EMERGENCY DATA

Print plainly—names, addresses, phone numbers

NAME _____

ADDRESS _____

PHONE _____

Age _____ Occupation _____ Blood Type _____

IN CASE OF ACCIDENT, NOTIFY _____

EMPLOYER _____

POLICE STATION _____

WARDENS' POST _____

SENIOR POST WARDEN _____

HOSPITAL _____

DOCTOR _____

DRUGGIST _____

GAS COMPANY _____

ELECTRIC COMPANY _____

NEAREST FIRE BOX _____

HOUSEHOLD DATA

Family Warden _____

Water Shut-off _____

Gas Shut-off _____

Electric Shut-off _____

Emergency Equipment _____

ARTIFICIAL RESPIRATION

SAVE THE SECONDS AND SAVE A LIFE



PLACE PALMS ON SMALL
OF BACK, LITTLE FINGER
OPPOSITE LAST RIB
ARMS STRAIGHT



SWING FOWARD
GRADUALLY APPLYING
PRESSURE, SWING
BACKWARD, RELEASING
QUICKLY, TIME - 2 SECONDS



PAUSE —
(TIME - 2 SECONDS)
AND REPEAT

CIVILIAN DEFENSE

STAFF



CORPS



Air Raid
Warden



Auxiliary
Firemen



Auxiliary
Police



Bomb
Squads



Rescue
Squads



The Medical
Corps



Nurses' Aides
Corps



Emergency Food &
Housing Corps



Drivers
Corps



Messengers



Road Repair
Crews



Demolition and
Clearance Crews



Decontamination
Corps



Fire
Watchers

“Help Beat The Axis-

Buy War Bonds and Stamps”