What's a common denominator of most heart attack victims?

Mixed hyperlipidemias—elevated cholesterol and triglycerides—are common among heart attack victims. And nearly two thirds of people who developed myocardial infarction in the PROCAM Trial had a low < 35 mg/dL baseline level of HDL cholesterol.

HEART ATTACK PATIENTS (PROCAM TRIAL)

- HDL under 35 mg/dL
- 64%
A powerful case for
LOPID®
BID
600-mg Tablets

Raised low HDL 25%
—in patients whose baseline HDL was below
35 mg/dL in the landmark Helsinki Heart Study (HHS).³

Reduced heart attack incidence* up to 62%
—in these HHS patients and 45% in HHS patients whose
baseline HDL was below the median (46.4 mg/dL). Incidence
of serious coronary events was similar for LOPID and placebo
subgroups with baseline HDL above the median (46.4 mg/dL).³

Raised HDL levels 1 1/2 to 3 times
more effectively than lovastatin
—in a 12-week, double-blind, randomized trial among
patients with moderate to severe hyperlipidemia.
Lovastatin achieved greater reductions in total serum
cholesterol than gemfibrozil in this study population.⁴

RAISES HDL
DRAMATICALLY REDUCES HEART ATTACK

LOPID is indicated for reducing the risk of coronary heart disease
(CHD) in Type IIb patients with low HDL, in addition to elevated LDL
and triglycerides, and who have had an inadequate response to weight
loss, diet, exercise, and other pharmacologic agents such as bile acid
sequestrants and nicotinic acid.

*Defined as a combination of definite coronary death and/or definite
myocardial infarction.

References: 1. Goldstein JI, Hazzard WR, Schrott HG, Berman EL, Morissey AC. Hyperlipidemia in

Please see last page of this advertisement for warnings,
contraindications, and brief summary of prescribing information.
CONTRAINdications. 1. Hepatic or severe renal dysfunction, including primary biliary cirrhosis.

2. Preexisting gallbladder disease (See WARNINGS).

3. Hypersensitivity to gemfibrozil.

WARNINGS. 1. Because of chemical, pharmacological, and clinical similarities between gemfibrozil and clofibrate, the adverse findings with clofibrate in two large clinical studies may also apply to gemfibrozil. Linoleic acid-lipemia Research Project, 1000 subjects with previous myocardial infarction were treated for five years with clofibrate. There was no difference in mortality between the clofibrate-treated and placebo groups, the dosage, symptomatic supportive measures should be taken should this effect be reversed after a drug-free period of about eight weeks, and it was not transmitted to the offspring.

2. Preclinical Category B— Reproduction studies have been performed in the rat at doses 3 and 9 times the human dose, and in the rabbit at 2 and 6.7 times the human dose. These studies have revealed no evidence of impaired fertility in females or harm to the fetus due to Lopid. Minor toxicology changes noted were observed at the high dose levels. No significant malformations were found among young rats from 400 offspring from 38 litters of rats and 100 fetuses from 22 litters of rabbits.

3. Cataracts—Subcapsular bilateral cataracts occurred in 33% of male and female rats, the use of Lopid in pregnancy should be reserved for those patients where the benefit clearly outweighs the possible risk to the patient or fetus.

4. Fertility—Because of the potential for tumorigenicity shown for gemfibrozil in rats, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

5. Hematology—Changes in red blood cell counts, mean corpuscular volume, hemoglobin, and white blood cell decreases have been observed in occasional patients following initiation of Lopid therapy. However, these levels stabilize during long-term administration. Rarely, severe anemia, leucopenia, thrombocytopenia, and bone marrow hypoplasia have been reported. Therefore, periodic blood counts are recommended during the first 12 months of Lopid administration.

6. Liver Function—Abnormal liver function tests have been observed occasionally during Lopid administration, including elevations of AST (SGOT), ALT (SGPT), LDH, bilirubin, and alkaline phosphatase. These are usually reversible and have usually continued. Therefore periodic liver function studies are recommended and Lopid therapy should be temporarily discontinued.

7. Use in Children—Safety and efficacy in children have not been established.

8. Adverse Reactions, in the double-blind controlled phase of the Helsinki Heart Study, 2046 patients receiving Lopid for up to 5 years. In this study, the adverse events observed were statistically more frequent in subjects in the Lopid group (placebo incidence in parentheses).

9. Mortality—From any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

10. Gallbladder surgery was performed in 69% of Lopid and 54% of placebo subjects, 61% of the cases to acute renal failure.

11. Mortality from any cause was 59 (2.9%) in the Lopid group and 55 (2.7%) in the placebo group.

12. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

13. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

14. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

15. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

16. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

17. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

18. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

19. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

20. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

21. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

22. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

23. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

24. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

25. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

26. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

27. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

28. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

29. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

30. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

31. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

32. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

33. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

34. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

35. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

36. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

37. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

38. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

39. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

40. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

41. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

42. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

43. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

44. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

45. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

46. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

47. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

48. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

49. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

50. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

51. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

52. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

53. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

54. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

55. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.

56. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of 6.
This collection is a compilation of the most important articles on Lyme disease published in NEJM, MMWR, and Massachusetts Medicine. The collection focuses on the etiology, symptoms, complications, and treatment of Lyme disease.

ARTICLES INCLUDE:
- "Of Ticks and Tides," from Massachusetts Medicine, July/August 1986.

As an added feature, a comprehensive bibliography is included, listing all English-language references since 1977.

The Lyme disease collection is a useful source of information on this complex, often misdiagnosed disease. Get your collection today!

Please send me ______ copies of Lyme Disease: Selected Articles from NEJM, MMWR, and Massachusetts Medicine. 70 pages, paperbound $15.00* Special Discount: Massachusetts Medical Society Members only $12.75*

☐ I have enclosed my check for $_____
☐ Please charge in the amount of $_____
☐ Visa ☐ MasterCard ☐ AmEx

CARD # ____________________________
EXP DATE _________________________
SIGNATURE _______________________

NAME ________________________________________________________________
TITLE/SPECIALTY ______________________________________________________
ADDRESS ____________________________________________________________
CITY __________________________ STATE _______ ZIP ___________

All orders must be prepaid. Make checks payable to the New England Journal of Medicine. Prices subject to change without notice.

*Massachusetts residents add 5% sales tax.

Send to: The New England Journal of Medicine
Box 9130, Waltham, Massachusetts 02254-9130
It's never been more important to specify 'Dyazide'. *
Because that's the only way you can be sure your patients will receive 'Dyazide' quality...the quality that physicians and their patients have trusted for 25 years.

'Dyazide'—prescribe it with confidence, prescribe it by name. Specify, "Dispense as Written." Ask your patients to make sure that's what they receive when they present your prescription.

*There is no bioequivalent generic substitute for 'Dyazide'.

The unique red and white Dyazide® capsule:
Your assurance of SK&F quality.

a product of
SK&F LAB CO.
Cidra, P.R. 00639 © SK&F Lab Co., 1989
INFORMATION FOR AUTHORS

These guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." (The complete document is available in the June 12, 1982, issue of the British Medical Journal and the June 1982 issue of the Annals of Internal Medicine.)

MANUSCRIPTS

Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures have been or will be published or submitted for publication elsewhere before appearing in the Journal. This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any possibly duplicative manuscripts should be submitted to the Editor along with the manuscript that is to be considered by the Journal. The Journal strongly discourages the submission of more than one article dealing with related aspects of the same study. In almost all cases, a single study is best reported in a single paper.

Submit an original and one copy of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. Only typed copy, on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to the Editor, the Journal of the American Board of Family Practice, 2228 Young Drive, Lexington, KY 40503. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors.

CONFLICT OF INTEREST

The Journal expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Other kinds of associations, such as consultancies, stock ownership or other equity interests, or patent-licensing arrangements, should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

UNITS OF MEASUREMENT

The Journal will print measurements in Système International (SI) and conventional units (this practice applies only to clinical investigation and review articles). Authors may use either as their principal system; however, they must also provide the alternative numbers and units in parentheses.

TITLES AND AUTHORS' NAMES

With the manuscript, provide a page giving the title of the paper; a running head of fewer than 40 letter spaces; the name(s) of the author(s), including the first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. Any grant support that requires acknowledgment should be mentioned on this page.

ABSTRACTS

Use another page to provide an abstract of not more than 175 words. This abstract should be factual, not descriptive, and should present the reason for the study, the main findings (give specific data if possible), and the principal conclusions.

KEY WORDS

The Journal has a policy of requiring authors to submit two to four key words with their manuscripts, to be used for purposes of classification by subject.

REFERENCES

References must be typed in double spacing on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to the Editor, the Journal of the American Board of Family Practice, 2228 Young Drive, Lexington, KY 40503. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors.

CONFLICT OF INTEREST

The Journal expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Other kinds of associations, such as consultancies, stock ownership or other equity interests, or patent-licensing arrangements, should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

UNITS OF MEASUREMENT

The Journal will print measurements in Système International (SI) and conventional units (this practice applies only to clinical investigation and review articles). Authors may use either as their principal system; however, they must also provide the alternative numbers and units in parentheses.

TITLES AND AUTHORS' NAMES

With the manuscript, provide a page giving the title of the paper; a running head of fewer than 40 letter spaces; the name(s) of the author(s), including the first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. Any grant support that requires acknowledgment should be mentioned on this page.

ABSTRACTS

Use another page to provide an abstract of not more than 175 words. This abstract should be factual, not descriptive, and should present the reason for the study, the main findings (give specific data if possible), and the principal conclusions.

KEY WORDS

The Journal has a policy of requiring authors to submit two to four key words with their manuscripts, to be used for purposes of classification by subject.

REFERENCES

References must be typed in double spacing on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to the Editor, the Journal of the American Board of Family Practice, 2228 Young Drive, Lexington, KY 40503. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors.

CONFLICT OF INTEREST

The Journal expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Other kinds of associations, such as consultancies, stock ownership or other equity interests, or patent-licensing arrangements, should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

UNITS OF MEASUREMENT

The Journal will print measurements in Système International (SI) and conventional units (this practice applies only to clinical investigation and review articles). Authors may use either as their principal system; however, they must also provide the alternative numbers and units in parentheses.

TITLES AND AUTHORS' NAMES

With the manuscript, provide a page giving the title of the paper; a running head of fewer than 40 letter spaces; the name(s) of the author(s), including the first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. Any grant support that requires acknowledgment should be mentioned on this page.

ABSTRACTS

Use another page to provide an abstract of not more than 175 words. This abstract should be factual, not descriptive, and should present the reason for the study, the main findings (give specific data if possible), and the principal conclusions.

KEY WORDS

The Journal has a policy of requiring authors to submit two to four key words with their manuscripts, to be used for purposes of classification by subject.

REFERENCES

References must be typed in double spacing on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to the Editor, the Journal of the American Board of Family Practice, 2228 Young Drive, Lexington, KY 40503. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors.

CONFLICT OF INTEREST

The Journal expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Other kinds of associations, such as consultancies, stock ownership or other equity interests, or patent-licensing arrangements, should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

UNITS OF MEASUREMENT

The Journal will print measurements in Système International (SI) and conventional units (this practice applies only to clinical investigation and review articles). Authors may use either as their principal system; however, they must also provide the alternative numbers and units in parentheses.
INFORMATION FOR READERS

THE JOURNAL OF THE AMERICAN BOARD
OF FAMILY PRACTICE
2228 Young Drive
Lexington, KY 40505

Official Publication of
The American Board of Family Practice

Paul R. Young, M.D., Editor
Paul Brucker, M.D., Associate Editor
G. Gayle Stephens, M.D., Associate Editor
Ann Stockham, Copy Editor
Debbie Wilson, Editorial Production Assistant

PUBLISHING SERVICES
Publishing Division,
Massachusetts Medical Society
Robert D. Bovenshulte, Vice President for Publishing

Customer Service
M. Dolores Fletcher, Director
Circulation and Product Marketing
Lauric Priano, Director
Electronic Production
Gary J. Mancini, Director
Ruth Goodman, Assistant Director, Composition
Martha Soule, Composition Coordinator
Manufacturing and Distribution
William H. Paige, Director
James T. Clifton, Assistant Director,
Agency and International Services
Mary Kaye Howe, Assistant Director, Advertising Production
Mark Davidson, Assistant Director, Distribution and Postal Affairs
International Services
Peter R. Cole, Director
Market Research and Analysis
Janet F. Halpern, Director
Management Information Services
Larry Alrich, Director
Michael McDonald, Systems Analyst
Finance
Richard Simoes, Controller
Executive Director's Office
Chris Lynch, Product Manager
Alberta L. Fitzpatrick, Associate Director,
Rights and Permissions
Advertising Sales
Arthur Wilschek, Director
Account Managers Bill Healy, Midwest
Lew Wetzel, Eastern
Wayne Wickman, Eastern

COPYRIGHT
Material appearing in the Journal of the American Board of Family Practice is covered by copyright. Copying beyond the quantities permitted under "fair use" as defined by U.S. copyright law is allowed provided the stated fee of $.20 per page is paid through the Copyright Clearance Center, 21 Congress St., Salem, MA 01970. This consent does not extend to other copying, such as copying for advertising or promotional purposes. Single copies for personal or internal use are allowed at no charge. Nonprofit institutions may make copies provided they obtain prior consent from the Journal of the American Board of Family Practice. Rights and Permissions Department, 1440 Main Street, Waltham, MA 02154-1649, (617) 893-3800, ext. 1413.

SUBSCRIPTION INFORMATION AND SERVICES
The Journal of the American Board of Family Practice is supplied free of charge to 37,000 Diplomates of the American Board of Family Practice. For information please contact:
American Board of Family Practice
2228 Young Drive
Lexington, KY 40505
Tel: (606) 269-5626
FAX: (606) 266-9699

For all other subscribers please contact:
The Journal of the American Board of Family Practice
Subscription Department
1440 Main Street
Waltham, MA 02154-1649
(617) 893-3800, ext. 1199
Telex: 516017779 NEJM BOS
FAX: (617) 893-0413

For international subscription information please contact:
The Journal of the American Board of Family Practice
Saxon Way, Melbourn, ROYSTON
Herts, SG8 6NJ, U.K.
Telephone: 07-6326-2168
Telex: 94020513 NEJM G
FAX: 07-6326-2401

SUBSCRIPTION RATES

<table>
<thead>
<tr>
<th>Category</th>
<th>Domestic</th>
<th>International*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions</td>
<td>$50.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>Physicians</td>
<td>$35.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>Residents/Students</td>
<td>$20.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>


OTHER SUBSCRIPTION INFORMATION
Diplomates should make address changes on the form accompanying this issue and forward to the Diplomate address listed above. All other subscribers should forward changes to the Waltham, Mass., address listed above. Changes must be received at least six weeks in advance of intended move. Please send new address, old address, and expected date of change.

ISSUES NOT RECEIVED
Missing issues will be replaced for up to three months from the issue date without charge. Diplomates and other subscribers who fail to notify the Lexington, Ky., or the Waltham, Mass., office of address changes will not be eligible for free replacement issues. Claims beyond the three-month limit must be prepaid at the backcopy rates. Claims should be sent to either the Diplomate or regular subscriber address listed above.

BACK COPIES
If you wish to purchase back copies (issues published prior to your effective start date) of the Journal of the American Board of Family Practice, there is a charge of $12.50 per issue. Contact the Waltham, Mass., address listed above for information.

REPRINTS
Individual copies of articles are available from the Waltham, Mass., office. If you wish to order bulk reprints (minimum order of 100) please contact the Reprint Department (617) 893-3800, ext. 1279, at the Waltham, Mass., office.

INDEXING AND MICROFORM
The Journal of the American Board of Family Practice is indexed in Index Medicus and is available in microform from University Microfilms International.