letters
(continued)

clinical diagnosis as well as appropriate laboratory test selection.

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References

1. Grodzicki RL, Steere AC: Comparison of immunoblotting and indirect enzyme-linked immunosorbent assay using different antigen preparations for diagnosing Lyme disease. *J Infect Dis* 1988; 157:790-797.

2. Rahn DW, Malawista SE: Lyme disease: Recommendations for diagnosis and treatment. *Ann Intern Med* 1991; 114:472-481.

Response

To the Editor:

I appreciate Drs Yost and Spencer-Green's comments. As I noted in the article, the diagnosis of Lyme disease is best made by clinical examination and epidemiologic history, with serolgoic studies supporting the clinical diagnosis. I agree completely with Drs Yost and Spencer-Green that although the Western blot method may be more sensitive than ELISA in detecting spirochete antibody in Lyme disease, the clinician should not use it as a routine serologic test for evaluating Lyme disease.

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AAO funded Frymann study

To the Editor:

I am pleased to see Dr Frymann and associates' clinical investigation, "Effect of osteopathic medical management on neurologic development in children," published in the *JAOA* (1992;92:729-744). I am also pleased to read Dr Patterson's editorial, "Testing osteopathic medical concepts in a real-life setting," (*JAOA*;1992;92:689) commenting on their study and urging others to follow their example.

I am, however, disappointed that a footnote did not appear stating that Dr Frymann and colleagues' study was supported by funds from the American Academy of Osteopathy.

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Response

To the Editor:

The expression of gratitude and appreciation to the American Acad-

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