

FEATURES SECTION

Letters to the Editor

Dear Sir,

We would like to express our concern over the guest Editorial, which appeared in the December 2002 edition of the *Journal of Orthodontics*.

We feel that this editorial should have made it clear that these views were those solely of the author, and do not necessarily represent those of the author's co-examiners nor, indeed, those of the governing body for which the author is a representative as an examiner. We are concerned that, as a result, candidates could be misled into thinking that a Royal London Hospital Space Analysis is a requirement of the Intercollegiate Membership in Orthodontics.

We would like to reassure trainees and their trainers that future candidates will not be penalized if they choose not to undertake the analysis, in the same way that examiners are not prescriptive as to which particular cephalometric analysis is performed. We are sure the author did not intend to suggest personal bias with regard to a candidate's examination approach.

The merits or otherwise of the Royal London Space Analysis is a separate issue, which could perhaps be discussed at greater length in another forum. We wish, at this juncture, to reassure our trainees.

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member of the Board of the Intercollegiate
Membership in Orthodontics

LAURA MITCHELL

Chairman of the Board of the Intercollegiate
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Dear Sir

We would like to congratulate Jonathan Sandler for his direct, yet thought provoking guest editorial, published in the December 2002 edition of the *Journal*. The editorial highlighted the valuable contribution of space

analysis in the planning and execution of orthodontic treatment. Whilst the majority of us would accept that orthodontics is by no means an exact science, fundamentally, it remains a question of redistribution of space. Orthodontics thus revolves around the assessment, planning and management of space.

The use of cephalometry as a useful tool to clinical diagnosis is taken for granted and is, indeed, expected of candidates sitting specialty examinations. Similarly, in an era of ever increasing public accountability for all aspects of treatment, it is not unreasonable to expect that the justification for proceeding with either extraction or non-extraction therapy should be based on a methodical and disciplined analysis of space. The same reasoning applies to other decisions, such as the need to prescribe intermaxillary elastics, functional appliances or headgear.

Whilst we are obviously committed to the analysis that has been evolving over the last 18 years at the Royal London Hospital,^{1,2} we acknowledge that other space analyses have been described. More important is the recognition that a formal space analysis *per se* can assist the clinician to ascertain whether planned treatment goals can be attained, and whether the mechanics and anchorage proposed are appropriate to these goals. Nowhere is this more important than within our training institutions.

AMA JOHAL AND ROBERT KIRSCHEN

References

1. The Royal London Space Planning: An integration of space analysis and treatment planning. Part I: Assessing the space required to meet treatment objectives. *Am J Orthod & Dentofac Orthop* 2000; **118**: 448–455.
2. The Royal London Space Planning: An integration of space analysis and treatment planning. Part II: The effect of other treatment procedures on space. *Am J Orthod & Dentofac Orthop* 2000; **118**: 456–461.