in the developing world or those who lived and died in overcrowded Victorian city slums.

Most of the body’s vitamin D requirements can be obtained through exposure to sunlight, but some is acquired through a healthy diet. Vitamin D insufficiency in children can result in soft, weakened bones that can no longer support the body’s weight and become bowed.

I recently visited the Museum of London, where 700 skeletons from a 19th-century east London burial ground are being examined. Sixty per cent of those buried were children between the ages of one and five, and 78 of the 437 child skeletons showed the unmistakable signs of rickets.

With today’s government spending and welfare cuts hitting poor families and children particularly hard, I wonder if rickets will again become a common childhood condition.

Ellen Crosby, Nottingham

RESEARCH INTO CIRCUMCISION AND THE RISK OF PROSTATE CANCER

There are a number of problems with the Wright study of circumcision and the risk of prostate cancer (clinical digest April 11).

The study did not show that men circumcised in infancy have a reduced risk of prostate cancer. It revealed a marginally significant correlation between having been circumcised in infancy or after the first experience of sexual intercourse and not being diagnosed with prostate cancer. There was no correlation in either group taken separately.

Thirty per cent of men are found on autopsy to have prostate cancer, so lack of diagnosis may not mean the absence of disease.

The standard of care for the more common, less-aggressive, late-onset prostate cancer is watchful waiting. More men die with it, than of it.

While the supposedly plausible mechanism for the connection between the foreskin and the prostate, 20cm upstream, is sexually transmitted diseases (STDs), no difference in reported STDs was found between men with and without prostate cancer.

Hugh Young, Pukerua Bay, New Zealand

AUTHORISATION AND SAFEGUARDS FOR THE DEPRIVATION OF Liberty

Further to deprivation of liberty safeguards (news April 4), hospitals do not need to apply to primary care trusts for authorisation if they want to restrain or restrict people who lack mental capacity.

There are many situations in the acute sector where a person must be urgently and immediately restrained or restricted for their own safety. Sections 5 and 6 of the Mental Capacity Act 2005 set out the rights and duties in this regard.

If – and it is a big if – those restrictions are such that they amount to a deprivation of liberty, only then must authorisation be sought.

A court of appeal judgment in November last year, in the case of Cheshire West and Chester Council v P, underlined the fact that if a restriction or restraint is proportionate to the risk someone would otherwise run, and the severity of harm from that risk, then it is not a deprivation of liberty.

Andrew Makin, nursing director, Registered Nursing Home Association, Birmingham

I-RESILIENCE TOOL OFFERS USEFUL ADVICE ON AREAS TO WORK ON

Thank you for the information on building resilience at work (editorial and features April 11). The emotionally challenging work of nursing does take its toll. Without support, we are vulnerable to shutting off from patients and emotional burnout.

I took the opportunity of trying out the free i-resilience tool at www.nursing-standard.co.uk/iresilience. It gave me a 13-page report on confidence, purposefulness, adaptability and social support – and possible areas for me to work on.

This has given me a real insight into my levels of resilience.

Ros Stuart, by email

OBITUARY

Trudie Moos
1923-2012

Director of nurse education at King’s College Hospital

Born in the German city of Mannheim, Gertrud Auguste Karoline (Trudie) Moos, who has died aged 89, arrived in the UK aged 16 as a refugee from the Nazi persecution of Jews.

Settling in London, Trudie undertook her general nurse training at the Royal Free Hospital from 1942 to 1945. She completed her part one midwifery training at the Mothers’ Hospital, which had been evacuated to Willersley Castle near Matlock in Derbyshire, later returning to London to complete her part two.

From Forbes Fraser Hospital in Bath, Trudie was appointed midwife at King’s College Hospital in 1947, soon becoming night sister. She was appointed sister of the Lister women’s surgical ward in 1949.

Turning to education in 1955, she became a nurse tutor at King’s College Hospital. Apart from a year visiting hospitals in the United States, she spent the rest of her nursing career at King’s.

Trudie was appointed principal nurse tutor in 1963 and, when Normanby College was established at King’s, she became director of nurse education. As well as being compassionate, Trudie was an excellent teacher and administrator.

Known as Trudie, Sister Caroline or Sister Carol, she was president of the league of Royal Free hospital nurses and patron of King’s College Hospital nurses’ league. Her 1990 autobiography, I Remember: My Life Story, is being reprinted.

After retiring in 1983, she became a volunteer counsellor for 20 years, studied for an Open University degree and was an accomplished potter. A keen cook, she also enjoyed visiting art galleries, walking and playing bridge.

Laurence Dopson is a freelance journalist