will be satisfied has been inhibited by the wrong assumptions that are conveyed by conventional metaphors such as the "iceberg of morbidity." In many areas of the NHS's failure to meet demand this metaphor may be strained by the fact that key NHS icebergs are carrying all, or almost all, of their bulk above the surface. Often we are dealing with an iceflow of morbidity that can be as readily melted as allowed to deepen; but in a world dominated by the language of rationing, where every solution has a problem, it can be difficult to attract attention to the fact that much of the failure to meet demand is unnecessary. Instead the rationing gaze wanders restlessly towards other deficiencies or takes refuge within the safety of "dilution,"[35] although the fact that some aspects of care could be offered more agreeably is a platitude.

Misunderstanding, vested interests, and parsimony are greater problems than the potential level of demand. The conventional null, or nihilist, hypothesis that demand always exceeds supply within a public health system reflects neither hope nor experience. The proposed expansion in investment in the NHS, including the targeted use of resources to address the politically serious issue of waiting lists,[36] provides an opportunity to establish whether, after over 50 years of equivocation, it is possible to counter the professional[37] as well as the intellectual barriers to satisfying demand. This programme must be ordered to allow us to judge the merits of the alternative hypothesis: that the limits to demand for key categories of health care lie within the capacity of a properly resourced NHS.

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## Corrections and clarifications

*What is the optimal age for starting lipid lowering treatment? A mathematical model*

An error crept into figure 4a in this article by Silvia Ulrich and colleagues (22 April, pp 1134-40). The x axis should read 5, 7, 9, 11 (not 25, 30, 35, 40).

*Patients' unvoiced agendas in general practice consultations: qualitative study*

We wish to reassure readers that the names of the patients that appeared in this article (in the results section) by Christine A Barry and colleagues (6 May, pp 1246-50) were fictitious. All patients in the study were asked for consent to use their data, with names and other identifying features such as occupation changed to preserve confidentiality. This information should have been given in the paper, and we apologise that it was left out.

*Letter*

Email addresses seem to be susceptible to electronic or human glitches. At the end of the letter by Colin Guthrie (20 May, pp 1401-2) the email address should have an underscore (grey_triker@hotmail.com).