Letters to the Editor

The IEA Dictionary and who should be the editor
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Readers of the European Journal of Epidemiology will be aware of the debate this Journal started by inviting O. S. Miettinen to provide a review of our dictionary. Miettinen’s latest response in this debate is as always interesting reading, written in a hyped language that matches true novel pieces of writing in the scientific literature. It is partly English, partly Latin but mostly a fascinating use of familiar and unfamiliar words. Miettinen is alive and is doing fine.

Miettinen criticizes our (IEAs) choice of editors of the dictionary (John Last and now Miquel Porta) and he thinks it should be the drivers of the development of our discipline (Greenland and Robins are mentioned—Sander Greenland is actually an associate editor of the dictionary’s 5th edition), but then why not Miettinen himself? Was he too modest to suggest this although modesty is not one of his strongest personal characteristics?

We are pleased with the choices made by the IEA. The avant-garde in journalism or fiction inspires new ways of using language but they do not decide how the language is used. The users do that in an informal democratic way. Dictionaries have to reflect how language is used by listening to the users and by taking to consideration the inspirations from the front-runners. Miettinen will find plenty of Miettinen in the dictionary. We understand that he wants more, but editors of a dictionary have to balance actual use of words with new inventions. Both Last and Porta understand that they have to listen to many to reach a dictionary that is actually used. As written in the Foreword to the newest version of the dictionary (5th edition) ‘No dictionary will ever be able to satisfy all, nor should it try to’.

References
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Answer to the commentary: Politics and public health—some conceptual considerations concerning welfare state characteristics and public health outcomes
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We appreciate the detailed analysis of our paper by Olle Lundberg, including his criticisms, even though many are unfair and unwarranted. Lundberg takes us to task for emphasizing politics rather than policies in our quest to understand health outcomes. He also erroneously assumes that we ignore the context in