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Sri Lanka's brutal, three-decade-long war has come to an end. Although very timely, your May 16 World Report[1] contains some points that are biased and incorrect, and will certainly tarnish the image of Sri Lanka.

First, the main reason for the military operations continuing during the country's biggest festival was to rescue the innocent civilians kept as hostages. This is a legitimate right of the Government of Sri Lanka.[2]

The long time taken by the Sri Lankan army to rescue just a 3 km² area is itself strong evidence of the respect that the army had for the lives of civilians. Heavy artillery and air attacks would have finished the job in a matter of a few hours.

I agree that there are deficiencies in the facilities provided for displaced people for obvious reasons. But these deficiencies are no worse than what the world witnessed, for example, after hurricane Katrina in New Orleans in 2005.[3] This is the biggest ever hostage-rescuing mission in the world, and Sri Lanka is a developing country trying hard to thrive amid terrorism. What we need at this hour is help and positive encouragement.

I declare that I have no conflicts of interest.

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What is still lacking in the aftermath of the Sri Lankan conflict[1] is any information on the three missing doctors T Sathiyamoorthy, T Varatharajah, and V Shanmugarajah, who served the affected population and provided eye-witness accounts to international media. As we write this letter, we do not know their fate. It is widely reported that they were detained by the Sri Lankan forces.[2,3] We are still waiting for answers.

We declare that we have no conflicts of interest.

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Fire-related deaths in India: how accurate are the estimates?

Prachi Sanghavi and colleagues (April 11, p 1282)[1] estimate that there were 163 000 fire-related deaths in India in 2001. However, they do not adequately discuss the limitations of the Survey of Causes of Death (SCD) for rural areas, where 73% of the population lives. Sampling units for the SCD are villages with a health centre; hence these units are not a true representation of the mortality patterns of rural India. Moreover, the SCD suffers from misclassification of causes of death, high proportions of unclassifiable deaths, and lack of systematic quality assurance.[2] Sanghavi and colleagues base the absolute number of fire-related deaths on the Sample Registration System, but do not take into account age, gender, and state-specific undercounts.[3]

Similarly, Sanghavi and colleagues' use of "nature of injury" codes from the International Classification of Diseases indicates the poor quality of coding in the Medically Certified Causes of Deaths system used in urban hospitals.

The intent behind fire-related deaths could not be determined from the SCD despite the use of external cause codes, so fire-related suicide rates from Tamil Nadu were used.[4] However, this extrapolation of suicide data from a rural area of a southern state to the entirety of India is unlikely to result in accurate estimates, since large differences exist in cause-specific death rates in various regions.

In view of these limitations, the absolute number of fire-related deaths estimated by Sanghavi and colleagues might not reflect the true burden. Existing research needs to be supplemented by nationally representative studies such as the Million Death Study;[5] estimates of burn injury from this study are due this year.

We declare that we have no conflicts of interest.

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