

FOREWORD

Barker's 'Fetal Origins of Adult Disease' hypothesis has survived its neonatal period and is now a thriving infant. The interest in this novel idea is reflected in the fact that SNEHA-India (Society for Natal Effects on Health of the Adults) and the Environmental Epidemiology Unit of the Medical Research Council, Southampton, UK, are holding the First World Congress on Fetal Origins of Adult Disease in Mumbai (2nd-4th Feb, 2001). There are other scientific and financial sponsors. There will be scientific discussions on different aspects of this idea. Epidemiologists, physicians, pediatricians, obstetricians, biologists, geneticists and other basic scientists, economists, social scientists and agricultural experts will discuss the current evidence and evolve a consensus on the directions of future research. It will be a scientific feast for everyone. The importance of holding the First Congress in India is obvious: Indian babies are the smallest in the world, the subcontinent produces the largest number of low birth weight babies and there is an explosive epidemic of diabetes and coronary heart disease in progress. It will be a great pity if we fail to act on these new ideas to curb the epidemic.

The International Journal of Diabetes in the Developing Countries has taken this opportunity to publish a special issue to include selected articles from the leading workers in this field. Dr Caroline Fall who has organised many Indian studies on this subject and is also responsible for the international organisation of the Congress, has contributed an overview of the 'Fetal Origins...' concept. Dr Jane Harding discusses the very important issue of 'fetal nutrition' and the numerous factors influencing it. Dr HPS Sachdev contributes a review on the 'low birth weight' concept, especially as it applies to the Indian subcontinent. Dr Kumaran reviews studies in Mysore, which were the first in India to have tested the hypothesis. Dr Yajnik summarises the evidence for 'fetal origins' in India and discusses the interactions of the post-natal life events with 'intrauterine programming' in causing the insulin resistance epidemic. Finally, Dr Sharad Gogate reviews the obstetrician's approach to deal with intrauterine growth retardation. These articles will provide the basic equipment for the uninitiated, to launch a journey into this fascinating new field in medicine.

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Guest Editor