INTRODUCTION
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Common sleep problems such as bedtime struggles and night waking, occur regularly in at least 20% to 30% of children in the first four years of life (Beltramini & Hertzig, 1983).

The causes and significance of these problems are matters of renewed interest and debate.

Thirty percent of adult patients diagnosed as narcoleptics, retrospectively described childhood and adolescent histories of excessive daytime sleepiness associated with learning problems and hyperactive behavior (Anders et al., 1980).

Also, nocturnal enuresis is a common problem occuring in 40% of children at age three and in 10% of children at age six (Schmitt 1982).

Disorders of breathing during sleep may underlie apnea during sleep, sudden infant death syndrome, Pickwickian syndrome, certain types of insomnia, and excessive daytime sleepiness.

In the typical case of sudden infant death syndrome, an appearently healthy infant is put to bed without suspicion that anything is out of ordinary, sometime later the infant is found dead.

It is clear that the circadian rhythms of secretion of growth hormone (Fagioli et al., 1982) and prolactin (Sassin et al., 1972) are sleep dependent, and there is a circadian rhythm in which plasma cortisol levels rise several hours after initiation of sleep (Krieger, 1975).

Recently, the polygraphic recordings of sleep have become a new tool for the diagnosis and investigation of a variety of diseases in infancy and childhood.

AIM OF WORK

A trial to study the basic physiology of sleep, and to explain the sleep related disorders in infancy and childhood, in order to provide a better insight for clinical management of these disorders.