INTRODUCTION AND AIM OF THE WORK

Despite the continued warnings concerning the health hazards of cigarette smoking, large numbers of adults continue to smoke cigarettes.

Quantitative measures of the impact of smoking on the lung function of children have been undertaken recently in comparison with large-scale studies of the relationship between smoking and lung disease in adults. Earlier, the Chapel Hill Group (1984) in North Carolina documented the usefullness of urinary excretion of cotinine as a measure of passage tobacco smoke in infants.

The clinical evidence that passive smoking is detimental to childhood respiratory health was identified first 1974 by T.R.T. Colley who found that the incidence of pneumonia and bronchitis in the first year of life in a chohort of children studied in Harrow, England, was associated with parent's smoking habits. This association was not found beyond the age of one year. A study from Finalnd in 1978 looked at the effect of Maternal smoking during and after pregnancy on the

morbidity and mortality of the child up to the age of five years in 12,068 births. Differences in prenatal and postnatal mortality did not achieve statistical significance, but children of smokers were more often hospitalized. The difference being clearest in children below the age of one year.

Several research groups have documented physiological consequences of passive smoking in children. Tager et al., (1979) showed that children living in households where parents smoked tobacco had lower mid-expiratory, flow rates than children who lived in households where smoking did not occur.

Tager and his colleagues showed that passive exposure to maternal smoke may have important effects on the development of pulmonary function in children as evidenced by lowering of the expected annual increase in FEV_1. This effect was seen in children as young as five to nine years. A more recent prospective study from Boston Group showed that maternal cigarette smoking was associated with increase of 20 to 35 percent in the rates of respiratory, illnesses and symptoms. These rates were linearly related to the number of cigarettes smoked by child's mother. Several reviews have appeared recentlysummarizing the health risk of passive smoking.

Aim of The Work:-

To study the effect of passive smoking on pulmonary function in paediatric school age 6-12 years for demonstration that children who are exposed to parents who smoke may carry an increased burden of respiratory illness.

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