eventually dying at the age of 72 on 21 March 1972. After her death a series of six annual lectures was instituted in Birmingham in her memory. The first was given by Beryl Corner,³ with subsequent lectures by Brian Wharton, David Baum, Peter Dunn,⁹ Jon Scopes, and Graham Chance. In addition, a number of research fellowships founded in her name led to many publications, mainly on perinatal nutrition and growth.

In conclusion, Mary Crosse deserves to be remembered as a pioneer of premature baby care in the United Kingdom. When she first began her sterling work, even full term newborn babies received little attention from the medical profession, and premature infants were in the realm of "survival of the fittest". Her courage and achievements on behalf of these tiny patients both at home and abroad are all the more remarkable for her being a woman in a man's world. In addition, she did not hold the membership of a Royal College, and for many years was graded as a senior medical officer of the Department of Public

Health rather than, as later, a clinical paediatric consultant. She deserves to be remembered as a truly great woman doctor.

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IMAGES IN NEONATAL MEDICINE.....

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Facial submandibular cellulitis-adenitis in a preterm infant

This little girl was born at 32 weeks' gestation by emergency caesarean section for pregnancy-induced hypertension and fetal distress. Initial course of penicillin and gentamicin were discontinued at 36 h, when her blood culture done at birth was found to be negative.

On day 20 she deteriorated with bradycardias and desaturations, and she was noticed to have an erythematous, warm, firm swelling in the right submandibular region, extending from her right ear to the upper neck. (fig 1). The rest of her clinical examination was unremarkable. She was ventilated for apnoea. Her blood culture grew group B streptococcus (GBS) after 12 h. An ultrasound examination revealed multiple right submandibular lymphnodes with subcutaneous tissue thickening. She made an uneventful recovery after treatment with broad spectrum antibiotics. Her surface swabs were negative and maternal group B status was unknown.

Cellulitis-adenitis is a rare presentation of GBS infection in neonates. The clinical features include a mean age at onset of 5 weeks, male predominance (75%), and rapid resolution with appropriate antimicrobial therapy. It is usually GBS type III and the pathogenesis is postulated to be lymphatic spread from ipsilateral otitis media or mucus membrane colonization with subsequent bacteremia and seeding of the soft tissues.^{1,2}

Figure 1 Erythema and swelling with central clearing in the right submandibular region. Informed parental consent was obtained for publication of this figure.

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