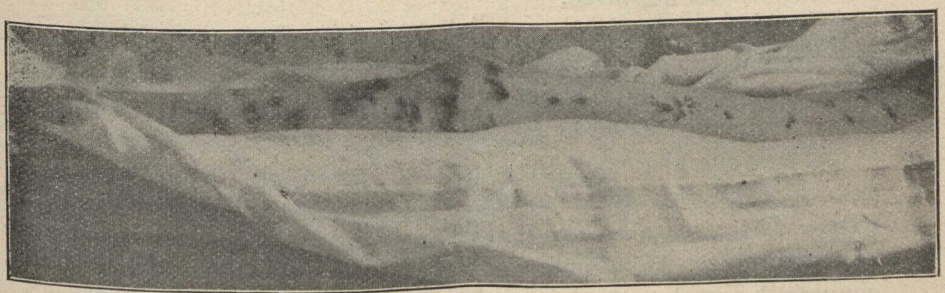
This, the original patch, was circular, two inches in diameter, tough, thick, involving the skin and superficial fascia. This area of necrosis was succeeded by several smaller ones, some to the inner and some to the outer side of the larger and original one. These areas of necrosis were black from the first appearance of change, as if the destructive condition were here seen in its most virulent action. A patch, which is typical and average in its destruction, has a history as follows: First indication is subjective, there being an intense burning pain, followed in two hours or more by a large hyperemic area over the centre of pain. Inside this large reddened area are three zones representing three degrees of destructive activity. The dark, central zone of gangrenous tissue is the inner, surrounding this a ring of dark gray or yellow, defined by a deep red border,



and beyond this again, fading into the normal tissue, is the pale red hyperemic base which first appeared. We have thus a positive, comparative and superlative degree of injury in this order from the periphery towards the centre. In some cases the central dark area may extend to include the dark gray zone, and the two may subsequently necrose. In other spots the surrounding dark gray zone may regain its vitality, and the molar death is then limited to the central area. This erythema and subsequent gangrene do not rise above the level of the surrounding skin. It is only when repair takes place that the new tissue raises the necrosed tissue above the level in the form of a scab, and even this does not take place if moist dressings are placed over the oncoming or healing patches. In the course of ten days to two weeks the necrosed area has separated, and the underlying tissue resembles a deep ulcer with well-defined mar-