

carinæ which are continued forwards as far as the rounded angles. Between these marginal ridges the dorsal surface of the rostrum is smooth, without a median carina, with the posterior half pigmented (in the alcoholic specimen) and separated by a semicircular line, convex in front, from the anterior colourless half. Antero-lateral angles of carapace ending in very short acute spines; postero-lateral angles rounded and not prominent, and without a marginal notch. The carapace has a median longitudinal carina which is very slightly raised, although its dark colour renders it conspicuous. It is bifurcated at its anterior end and is interrupted at the transverse cervical suture, behind which it is bifurcated to its posterior end, where the two divisions meet in a round median tubercle on the posterior edge of the carapace. A lateral carina, marked with dark pigment, runs from the antero-lateral spine on each side nearly parallel to and close to the lateral edge of the carapace, as far as the postero-lateral angle, on which it ends abruptly, without uniting with the transverse pigmented ridge which fringes the posterior border of the carapace.

A second pigmented carina runs backwards from the antero-lateral angle for about half the length of the carapace, internal to the submarginal keel, and nearer to it anteriorly than posteriorly. At its posterior end it is about half way between the edge of the carapace and a strongly marked convex ridge which lies in the longitudinal gastric suture, between the elevated convex median gastric area and the lateral area. The gastric sutures and their ridges are slightly divergent posteriorly, and they are interrupted at the transverse cervical suture, behind which the cardiac sutures are marked by similar elevated ridges, which are slightly incurved at their anterior ends, behind which they are slightly convergent posteriorly. External to the cardiac sutures there is, on each side, a short pigmented carina, which fuses with the pigmented border of the posterior edge of the carapace, which latter is slightly emarginated, with a short acute median tooth.

The second, third, and fourth thoracic somites have each a median slightly impressed white line, and on the sides of this a pair of pigmented submedian longitudinal carinæ, which are very short on the second, and which are clearly marked by their dark colour, but are scarcely elevated above the general surface. The fifth thoracic somite has no impressed median line, and the submedian carinæ are like those on the preceding somite. The submarginal carinæ of the thoracic somites are scarcely elevated, and they are marked by dark pigment, as are also the posterior borders of all the thoracic and abdominal somites. The lateral processes of the second, third, and fourth thoracic somites are bilobed; the anterior lobe of the first is elongated, curved forwards and acute, while the posterior lobe is much shorter and subacute. On the lateral process of the third thoracic somite the anterior lobe is shorter and subacute, and on the fourth somite it is still shorter, while in both the third and the fourth somites the posterior lobe is the larger, and its postero-lateral angle is acute on the third, and subacute on the fourth. The fifth thoracic somite has only a single subacute lobe on each side. The first five