

in the middle line (Pl. V. fig. 3, *vc*), and the fibres to the ventral wall of the shield radiate from the basement-tissue. Dorsally several less developed plumes also make their appearance (Pl. VI. fig. 4), and the pale (nervous) area lies under the hypoderm. Next the two nuchal chambers take the place of the former, and the hypoderm over the median nerve-area increases much in thickness, the whole forming a somewhat triangular region between the bases of the plumes, which are thus carried outwards. None of these plumes are so well developed as the first pair. While the nerve-area retains a large size, with the two chambers and the fan-like fibres ventrally (Pl. VI. fig. 5), the knife now severs the anus, which at this stage lies close behind the massive dorsal hypoderm of the nerve-area. Then the glandular wall of the buccal chamber and the post-oral lamella appear, while the body-cavity on one side of the rectum presents a granular mass (Pl. VII. fig. 4, *ov*), the rudiment of the ovary. The great buccal disk becomes much broader as well as thinner, and is solid, while a central chamber appears in the post-oral lamella. The body-cavity is much better marked in the young forms than in the adults, and just behind the mouth (Pl. VII. fig. 5, *r*, *vt*, *oe*) has in section a symmetrical arrangement of the gullet, stomach and intestine, the body-wall showing the basement-layer beneath the hypoderm. The pharynx, gullet and stomach are rounded or ovoid in transverse section, but the intestine is triangular. The longitudinal muscular fibres appear along the ventral wall immediately behind the mouth, and soon form the marked pattern so characteristic of the region (Pl. V. fig. 4, *co*). The body-cavity thus shows from above downwards the comparatively small intestine, now rounded, and the massive glandular wall of the stomach in the middle, both being surrounded by a firm investment which leaves what may be called the keel of the stomach to be attached to a pointed incurvation of the ventral wall. On each side of the latter is the thick central mass of the longitudinal muscles, which externally also present another increase before being lost on the body-wall. A considerable perivisceral cavity exists on each side of the digestive organs.

Behind the foregoing the body-wall becomes thicker and the central chamber less, especially as the stomach ends in the intestine. The ventral muscles have considerably increased in bulk, and the double inflection for the longitudinal muscles on each side of the median line more marked. At the curvature of the alimentary system in the body-cavity, the pedicle proper commences, the external wall having a proportionally thicker coating of hypoderm than the body-proper, and supported internally by the basement-layer, which forms the W-shaped pattern inferiorly with a secondary curve on each outer leg. The ventral half of the space is filled with the muscular fibres, while the rest is split into two divisions by the median septum continued from the alimentary canal. The sides of the septum and the inner surface of the wall are covered with fibres. The buccal shield extends backwards to this region in the form of a broad, thin lamella, having a median line of basement-tissue separating the ventral and dorsal layers of hypoderm, and so little has the pedicle increased in length, that in some cases the free posterior