ing Rs and brachials, the outline of which is unaffected by them. On the right, the tube-plates abut against the brachials and Rs in such a way as to affect their outline, and to present the appearance of a sutural union with them, at least up to $IBr_2$, if no further. It may also be more than a coincidence that the anal tube and the r. post. arm are broken off at the same level, whereas all the other arms are broken off at another, lower, level. All these facts are of a piece with others to which I have more than once directed attention, as indicating an intimate connexion between the anal tube and the r. post. arm in Inadunata.

ORNAMENT. The surface of the cup-plates is smooth to the naked eye; but in places there is a suggestion of granulation here and on the lower brachials.

THE STEM is not wholly preserved, "as some pieces aggregating several inches in length were lost subsequent to the collection of the specimen. The aggregate length of column preserved is nearly ten inches" (W. R. Billings). Considering the small size of the cup, this length of stem, not less than 35 cm., is indeed remarkable.

The stem is quinquepartite throughout, with radial sutures. The lumen is pentagonal, with radial angles; its diameter is about one-third that of the stem, being rather more than this in the proximal (Plate I, fig. 8) and distal (Plate I, fig. 7) regions, and rather less in the median region (Plate I, fig. 6).

At its junction with the cup the diameter of the stem is $\frac{3{\cdot}6+2{\cdot}8}{2}=3{\cdot}2$ mm. A length of 5·4 mm. is still attached to the cup (Plate I, figs. 1, 2) and the diameter of the distal end of this is $\frac{2{\cdot}8+2{\cdot}3}{2}=2{\cdot}55$ mm. Within this length are 27 columnals. These alternate in height with fair regularity, owing, it is probable, to the intercalation and growth of young columnals throughout this proximal region. The respective heights of high and low columnals may be estimated at 0·26 mm. and 0·13 mm. Each pentamere is slightly curved upwards, so as to accord with the re-entrant angle between the IBB; this produces a wavy appearance. Since the pentameres of the thinner columnals thin towards their edges, this arching is gradually counter cted in the more distal regions. The sutures are strongly crenelate.