

fragments to mount on slides. Fragments are all right — in fact, necessary for some parts — if none is lost and if they can be correctly oriented.

*References.* — W. M. Wheeler (1923, p. 335) used larval characters in establishing the subfamily (quoted above and also by G. C. Wheeler, 1928, p. 88-89 and referred to by G. C. and E. Wheeler, 1930, p. 198).

G. C. Wheeler (1928, p. 89) justified W. M. Wheeler's establishment of the subfamily. (Repeated G. C. and E. Wheeler, 1930, p. 199.)

Kutter 1948 p. 294: "Alle bis jetzt bekannt gewordenen Larven der Leptanillinae haben den teilweise chitinisierten, ventralen Thorakalanhang gemein, wie offenbar auch die Senkrechtstellung der Mandibeln, während der Besitz des als Tympanalorgan bezeichneten Organs noch nicht als typisch für alle Larven der Unterfamilie bezeichnet werden darf."

Bernard, 1951, p. 1041: "Larves eucéphales, carnivores; nourries par les ouvrières."

#### Genus *Leptanilla* Emery

We are unable to separate *Leptanilla* generically from *Leptomesites*: the difference between the larvae of the two known species of the former are as great as the difference between either species and the larva of the latter. Therefore the subfamilial description will suffice for the genus.

Bernard (1951, p. 1017) described primitive larvae and mentioned the larva of *Leptanilla* as an example.

Kutter (1948, p. 292) differentiated the two genera by the absence of the naked area around the spiracle ("tympanum") and the structure of the ventral prothoracic projection. As we show below, this distinction is no longer tenable.

The two species of *Leptanilla* differ with respect to the following characters: size and shape of terminal boss; complexity of ventral prothoracic projection; size and arrangement of long body hairs; shape of head; number of teeth and spinules on the mandibles; and the sclerotized band bordering the spiracular area.

#### *Leptanilla revelierei sardoa* Emery

(Fig. 1-8)

Length approximately 1.3 mm. Body elongate and slender; thorax slightly curved ventrally, slightly constricted at the metathorax; abdomen straight and clavate, the diameter increasing gradually to abdominal somite V and decreasing to the posterior end which is