compared to workers with lesser service. The increased prevalence in commercial garage workers exposed, on average, to less than 0.2 f/ml was not statistically significant while a significant excess is seen in workers who had occasion to grind and machine brake linings prior to installation on larger vehicles. The prevalence of X-ray abnormalities is in accord with estimates of asbestos exposure in the different circumstances.

2. The prevalence of X-ray abnormalities among workers in auto body shops was particularly high and, although the number of such individuals was limited, also achieved a level of significance at $P<0.05$. The higher percentage of abnormalities in this group can be attributed to the past sanding of auto body fillers containing asbestos.

3. Individuals who had previous employment in shipyards, averaging five years in duration, also had a greater percentage of abnormal X-rays. The percentage age standardized percentage was significantly greater in those whose shipyard employment began 30 or more years previously.

4. The pulmonary function results of garage mechanics engaged in brake work are no different from non-garage workers and other general population controls. As the major spirometric tests are less sensitive measures of asbestos exposure than X-rays, this finding is in accord with the low exposures of the groups under study.

5. Car jockeys, new vehicle preparation men and auto body shop workers have significantly reduced pulmonary function tests (FVC_1, FEV_1, and MMF) compared to other garage workers and general population controls.

The auto body shop employees had exposure to asbestos and a variety of solvents. The causal exposure among the car jockey-vehicle preparation men is uncertain. The role of automobile exhaust should be investigated.