If you take a look at his left lung, that left lung is almost two-thirds completely encased in a tumor rind or pleural fluid. That was mesothelioma.

There won't be any dispute that that was mesothelioma, ladies and gentlemen.

The very next day he was so short of breath they had to drain that with something called thoracentesis which is a surgical puncture of the back of the chest through the diaphragm -- I mean through the ribs so that they can drain the fluid off. They drained about 2,500 ccs or two and a half quarts of fluid.

They couldn't diagnosis him at that time because the cells only looked malignant, but there was no definite diagnosis of mesothelioma.

Mr. Grewe's medical problems continued and in October, almost a week later, he had 3,000 more ccs of fluid because that left lung that was encased was almost completely shut down and just wasn't functioning properly.

Again, it was nondiagnostic.

November of '92 he was complaining of chest pain and pleural effusion, and he was complaining of chest pain because that tumor that was growing in his left lung was starting to invade into his chest wall where his intercostal nerves and muscles were and starting to cause excruciating pain.

They did a bronchoscopy because they were looking within the tubes of the lung to see if it was a lung cancer.

Mr. Grewe -- that came up negative and there was no evidence of bronchogenic cancer.

In November of '92, he went back into the hospital and again you see the very first thing, exposure to asbestos in brake linings. Signal tumor.

There was a thought that it was a mesothelioma and eventually diagnosed on November 1st, 1992 as a mesothelioma.

There was a pleural biopsy done, a pleurodesis was done.

What a pleurodesis is, ladies and gentlemen, there is an instillation of antibiotic fluid, not for

antibiotic treatment purposes, but it was instilled into this pleural space on the left side of his lung to destroy the space so that there would no longer be a space where fluid would collect with the hopes that that would relieve some of his shortness of breath because that fluid buildup prevents that left lung from moving and mechanically operating like it is supposed to and causes extreme shortness of breath.

That was the attempt that was made in Mr. Grewe's case, but his only continued to go downhill.

Again, he saw Dr. DeLuca, an oncologist at North Arundel Hospital.

Dr. DeLuca told him unfortunately, he was diagnosed with mesothelioma and the only thing that could be done for him was radical surgery where his whole left lung would be removed and he decided not to undergo that or palliative chemotherapy.

There is absolutely no cure. There was no treatment. He was basically told, unfortunately, that he had a death sentence.

Again, strong history of asbestos exposure.

He was referred to the University of Maryland. The one thing you will hear from Dr. DeLuca when he testifies is the one thing he remembers about Mr. Grewe is the intractable, unrelieving, unrelenting, unforgiving chest pain that Mr. Grewe suffered as a result of that disease.

Again, chronic chest pain, again, asbestos exposure from working on brakes and clutches.

Again, by December of '92, there was continuing constipation from analgesics.

That occurs because the only medicine they can give these individuals to treat them are these analgesics and narcotics and what the narcotics do is decrease the motility of the intestines and causes the individuals to become extremely constipated.

Mr. Grewe was started on MS Contin, oral morphine, 15 milligrams.

January of '93, again, progressive shortness of breath and chest wall pain and couldn't walk in the hallway in the hospital. He was short of breath walking 30 feet.