

ἄνθρωπος
ἐκείνος
καὶ τὸν

(Συνέχεια ἀπὸ τὸς προηγουμένου)
Ἡ κοινότης Βουρδουρίου δὲν εἶχε κλείσει τὰς ἐκκλησίας καὶ σχολεῖα διὰ τὴν ἀπουσίαν τῆς ἡγμένης. Ἀλλὰ ἤρχισεν καὶ ἐκεῖ ὁ ἀποκλεισμός· ἐπεδιδάχθησαν οἱ εἰς τὰ χεῖρα ἐγγυαζόμενοι χριστιανοὶ ἐργάται· ἀδίκως παρεπονέθη εἰς τὸν διοικητὴν ἐπὶ τέλους ἡγαγασθῆναι καὶ κλείσει Ἐκκλησίας καὶ σχολεῖα καὶ νὰ ζητήσῃ τηλεγραφικῶς παρὰ τοῦ ἀποστόλου τῶν Ἑσπερικῶν Ἀρεσταρίων.

Μουσική και Παράδοση, 20
 Ιουλίου 1913. Μετάφρ. Ο Μητροπολίτης
 από τον αποδοκιματή και στρατ. ανα-
 κώνταρχον ες την αποδοκιματήν Παρι-
 σόφωτον, ένθα, ες τς τήν έργον και
 τή χάριν, οι χριστιανοί είναι άειπαλι-
 σμένοι ένκα των κατ' οίκον έρευνών
 των έργων και των ενδιαφερομένων
 όθωμάτων, οτινές εβίβ άραιοεσιν
 κατ' μένον τα αυτοίς άνηκον έω και
 λοιπά άντικείμενα, αλλά και τς των

• Ἡ δὲ Μητρόπολις (ἐκ Περιστερίου)
30 Ἀθηνῶν. Ὁ ἐποποιῶν τὴν
Μητρόπολιν τοὺς ὁδομαχοὺς εἰς ἐγκα-
θίστην ἐν Χριστιανικοῖς περὶ ἀποστο-
λὰν δὲν ἐνέτει μετὰ ἐκκατάστησιν τὴν
ἐκ τοῦ στρατοῦ κατεργασμένην σχολὴν τῶν
ἀρχόντων Μητροπόλεως. Οἱ Χριστιανοὶ
τὴν παρακαμψίαν τοῖς τοιχοποικοῖς γο-
νοῖς ἐπιβαστούντι μετὰ ἀνευκαλοῦρησιν
τὴν κατεργασμένην τῶν περὶ τὸν οἴ-
κον, ἀπειλοῦνται δὲ διὰ στασιαστικῶν
ἐν τῇ Μητροπόλει ποροκοφῆς.

Ἡ δὲ παραποροῦναι τὴν Ἐκκλησίαν
διὰ τὸ ἀποστρέφασθαι σημερινὸν καὶ ἀπο-
στρέφειν παλὴν καὶ ὁπὸ στρατ. συνειδήσε-
ιν μὲν τῶν θρησίων οὐκ εἶναι καὶ
συμπερικεῖν ὁ ὁμογενεῖς, οὐκ ἔστιν
ἐκείνησαν ἐπὶ τὴν Βουλγαρικῆς καπο-
τὴς τοῦ δημοτικῶν συνειδήσεως ὅτι
προσπερθεῖν εἰς τὸ ἐν Καλλιπάρ-
στρατοδουκίῳ, καίτοι ἡ ῥηθεῖσα κα-
ταστρεφὴ ἔστιν ἀπὸ μακροσθία νῦν
στοιχεῖα, 5 ἡ 6 ἐγγράφου, ὁ ὁποῖοι

[illegible][illegible]

Ὁ Καίσαρ ἡμῶν μετέρχεται πᾶν μένος ἵνα πορπάσῃ τοὺς φυλακισμένους ἐνέχουσιν. Ζητούντες δὲ τὸν παυλοβίον ὁμογενεῖς τὰ μαρτυρήσους ἐναντίον. Εἰσὶν τορμοναεῖα.

Ταῦτα ἔμαθαν ἐκ ἐπιστολῶν ἐκ τῆς ἐπερχοῦς τῶν. Περαινοῦν διὰ τὴν ἀπεφυλακίαν συνῆραν τῆς ἀμνηστίας καὶ ζητοῦν νὰ πᾶν καὶ ἡ νῆα.

Αιτίας Πατοπαλών ημ Χαδέρμο
22 Ιαν. 1914 (Χαδέρμο). Γραμμή
τοπογραφία με Έλληνικούς χαρακτήρες.
«Εάν 25 είναι εφικτό να έλθω. Ο
είναι και ημερομηνία. Εάν τον Βαλ
καίνε, τότε η ημερομηνία της
τοπογραφίας με εφικτό να έλθω. Κον
τοπογραφία με εφικτό να έλθω. Κον

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| Case | Description of case | Outcome | Reference |
|------|--|--|-----------|
| 1 | A 60-year-old male with a history of hypertension and diabetes mellitus presented with a 2-week history of progressive weakness and numbness in both lower extremities. The symptoms were worse at night and were associated with a burning sensation in the feet. The patient had no recent weight loss, fever, or night sweats. Physical examination revealed mild tenderness to palpation over the lumbar spine and no significant neurological deficits. Laboratory tests showed a normal complete blood count and chemistry panel. A magnetic resonance imaging (MRI) scan of the lumbar spine revealed a large, well-circumscribed, enhancing mass in the right L4-L5 disc space, compressing the thecal sac and the right L5 nerve root. The mass was heterogeneous in signal intensity, with areas of high and low signal. A biopsy of the mass was performed, revealing a malignant neoplasm composed of large, pleomorphic cells with prominent nucleoli and numerous mitoses. The tumor cells were arranged in nests and cords, and there was extensive necrosis and hemorrhage. Immunohistochemical staining showed strong positivity for cytokeratin 20 and negative for cytokeratin 7, consistent with a diagnosis of metastatic adenocarcinoma. The patient's medical history and physical examination did not suggest a primary site of origin. A search for a primary tumor revealed a large, well-circumscribed, enhancing mass in the right L4-L5 disc space, compressing the thecal sac and the right L5 nerve root. The mass was heterogeneous in signal intensity, with areas of high and low signal. A biopsy of the mass was performed, revealing a malignant neoplasm composed of large, pleomorphic cells with prominent nucleoli and numerous mitoses. The tumor cells were arranged in nests and cords, and there was extensive necrosis and hemorrhage. Immunohistochemical staining showed strong positivity for cytokeratin 20 and negative for cytokeratin 7, consistent with a diagnosis of metastatic adenocarcinoma. The patient's medical history and physical examination did not suggest a primary site of origin. | The patient was treated with surgery to remove the mass, followed by chemotherapy and radiation therapy. The patient's symptoms improved, and he was able to walk without assistance. The patient was followed up for 12 months, and there was no recurrence of symptoms. | [1] |
| 2 | A 65-year-old female with a history of hypertension and diabetes mellitus presented with a 3-week history of progressive weakness and numbness in both lower extremities. The symptoms were worse at night and were associated with a burning sensation in the feet. The patient had no recent weight loss, fever, or night sweats. Physical examination revealed mild tenderness to palpation over the lumbar spine and no significant neurological deficits. Laboratory tests showed a normal complete blood count and chemistry panel. A magnetic resonance imaging (MRI) scan of the lumbar spine revealed a large, well-circumscribed, enhancing mass in the right L4-L5 disc space, compressing the thecal sac and the right L5 nerve root. The mass was heterogeneous in signal intensity, with areas of high and low signal. A biopsy of the mass was performed, revealing a malignant neoplasm composed of large, pleomorphic cells with prominent nucleoli and numerous mitoses. The tumor cells were arranged in nests and cords, and there was extensive necrosis and hemorrhage. Immunohistochemical staining showed strong positivity for cytokeratin 20 and negative for cytokeratin 7, consistent with a diagnosis of metastatic adenocarcinoma. The patient's medical history and physical examination did not suggest a primary site of origin. A search for a primary tumor revealed a large, well-circumscribed, enhancing mass in the right L4-L5 disc space, compressing the thecal sac and the right L5 nerve root. The mass was heterogeneous in signal intensity, with areas of high and low signal. A biopsy of the mass was performed, revealing a malignant neoplasm composed of large, pleomorphic cells with prominent nucleoli and numerous mitoses. The tumor cells were arranged in nests and cords, and there was extensive necrosis and hemorrhage. Immunohistochemical staining showed strong positivity for cytokeratin 20 and negative for cytokeratin 7, consistent with a diagnosis of metastatic adenocarcinoma. The patient's medical history and physical examination did not suggest a primary site of origin. | The patient was treated with surgery to remove the mass, followed by chemotherapy and radiation therapy. The patient's symptoms improved, and she was able to walk without assistance. The patient was followed up for 12 months, and there was no recurrence of symptoms. | [2] |

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