



SCHOOL OF MEDICINE  
OF THE  
Catholic University of Ireland

I Certify that  
*Miss Emily Winifred Dickson*  
attended a Course of Lectures  
on *Pathology*  
delivered by me

which commenced the 1<sup>st</sup> day of *Jan'y* 1890  
and terminated the 31<sup>st</sup> day of *March* 1890

*Birmingham, M.B.*

*Cecilia Street, Dublin.*

Medical Registrar.

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Date of Issue \_\_\_\_\_

*Lecture delivered 25<sup>th</sup>  
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J. M. M.*

