The Translation of the Arabic Text

In the name of God, the Compassionate, the Merciful.

[1] There are six types of crisis. One is a swift change that tends towards health; it is truly called a good crisis.¹ It comes about by means of a trustworthy evacuation, or a severe inflammation. The evacuation will be either by sweat, by nosebleed, a bowel movement, urine, the blood that comes out from the mouths of the arteries in the buttocks, or by the menstrual flow.² The severe inflammation will be in one of the joints, or in one of the limbs that are not noble. The second is a swift change that tends towards death; it is called a bad, difficult crisis. The third is the change that eventually results in health for the one who experiences it, after a long period of time. It is called the ripening of the illness. The fourth is the change that eventually results in death for the patient, after a long period; it is called wasting. The fifth is the change that is compounded of the swift and the slow, and which results in health and safety for the patient. It is called a good compound crisis. The sixth is the compound crisis that results in death for the one who experiences it. It is called a bad compound crisis.

[2] The crisis comes on some days, and on others the crisis does not come. On some of the days on which the crisis comes, the crisis is good and complete. It has been disposed to do this³ many times on them; the crisis on

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¹ The distinction between six types and their definitions does not feature in Galen. Galen merely states in the beginning of *On Critical Days* (K 769.1-4; CG 96-97), that “in order for the resolution of illnesses that do not diminish gradually, but that subsided all at once to be trustworthy, there must occur beforehand either an obvious bodily evacuation, or an evident inflammation.” However, a similar distinction into six types recurs in the anonymous *Aggregationes de crisi et creticis diebus* (*The Summary on Crises and Critical Days*) that was composed in the thirteenth century. See C. Boyle (ed.), *Medieval Prognosis and Astrology: A Working Edition of the Aggregationes de crisi et creticis diebus: with Introduction and English Summary* (Cambridge 1991), p. 32. For this work see as well: F. Wallis (ed.), *Medieval Medicine. A Reader* (Toronto 2010), section 65: Panacea or Problem? (I): The case for medical astrology, pp. 318-323.

² The symptoms mentioned here recur with some variations in K 770.6-13 (CG 96-98); thus for “sweat” Galen speaks of “a praiseworthy sweat over the whole body”, and for “urine” he mentions “plentiful urine”; and for “severe inflammation will be in one of the joints” Galen has “an inflammation in the soft flesh below the ear”.

³ *tahayyaā fīhā*, literally “it has become a disposition within it.” MS Tehran reads here *yat-*. 
them is sure of the outcome, protected against harmful things afterwards, and evident. There was an indication that it will be good, as is the case on the seventh day. 4

[3] For others, seven characteristics that are the opposite of these come together, namely when the crisis is not complete. The patient is on the brink of great danger; its outcome is not sure and it is not clear. There was no indication for it, and it is bad as is the case on the sixth day. 5 As for the days on which the crisis [never] 6 comes, [they are] the twelfth day and the sixteenth day. 7

[4] Some of the illnesses which return with a relapse are destructive and fatal. Those are the ones in which the capacity [for healing] has dwindled and weakened; along with it, signs of ruin and destruction have appeared. Others are not fatal; instead, the one suffering from it has only had a relapse. When diseases are like this, it is because the faculty therein (in the body) is sound and strong. It is not fatal because the [healing] capacity attacks the illness a second time, exerting itself until it overcomes it. 8

[5] In yet others it is able to prevent a return and relapse. These are the safe diseases that are not accompanied by bad symptoms. A thin regimen suffices here for what is necessary to prevent the disease from returning and relapsing.

[6] When diseases with regard to which the person is confident [of full recovery] terminate, the revitalizing regimen must be employed. It is the regimen for convalescents, such that the patient may return to the regimen

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immu, “it will be completed”, which makes no sense here.

4 The text in this section seems to be based on two statements found in Galen, at K 779.13-15 (CG 114-115) and K 775.10-12 (CG 106-107). Cf. Aggregationes, ed. Boyle, pp. 57-58, which mentions seven conditions for a day to be truly critical, and concludes that the virtue of a crisis is strongest in seven-day periods.

5 Cf. Galen, K 774.17-775.1 (CG 106-107); trans. Cooper 106: “As for the sixth day, some patients may suffer a crisis in it, but this is accompanied by severe symptoms, and with very serious danger. The crisis that occurs in it is not trustworthy, nor does it finish.” Cf. sections 11 and 14 below.

6 Added according to the correct reading in ms Tehran. Cf. following note.

7 Cf. Galen, K 774.13-17 (CG 104-107); trans. Cooper 104, 106: “The species of the critical days derive from the fact that I have never seen anyone who suffered a crisis in the twelfth and the sixteenth day of the illness…”). ms Tehran lists the thirteenth day instead of the sixteenth. See as well section 12 below.

8 The text is cumbersome but clear, i.e., the body is strong enough to overcome the disease, but not on the first try. This section, next to 5-7, does not seem to be a summary, but an expansion of the first paragraph of Critical Days (K 769.1-770.6; CG 96-97), with additions from other works, such as Aphorisms and Prognosis. We thank Vivian Nutton for this comment.