'Popular medicine' (or folk medicine) is a slippery term. It is regularly used to refer to types of healing that are rejected or frowned upon by formal, orthodox, or elite healers—the range of adjectives available to characterise this group is itself indicative of the problem, as well as of the different attempts to avoid an argument that risks being dangerously circular. Even a negative definition may of itself be difficult to sustain in the absence of external criteria. Public physicians may have been examined in some way before being appointed, but the *dokimasia* that we hear of in Roman legal discussions of tax immunity is more concerned with establishing that an individual practised medicine for a living than with the quality, still less with the details, of his therapeutic skills and knowledge. In a society whose characteristic was the plurality and fluidity of its healers and healing practices, one may well doubt the value of such labels as ‘popular’ and ‘folk’.¹

Yet although it is difficult to make such a distinction, it is not impossible, even if, in the end, we are left with a broad spectrum of healers rather than a single clear-cut definition, and this paper, which concentrates on pharmacological material in the Galenic corpus, seeks to draw on a model that has often been successfully deployed in the study of Renaissance natural history. Authors such as Lorraine Daston, Katherine Park, Brian Ogilvie, and Candice Delisle have explored the mechanisms whereby pieces of information became established as facts—something that could be used and built upon by others.² Much of the material gathered by scholars such as Conrad Gesner or Ulisse Aldrovandi was provided by informants far removed from the academic world, from parish priests, travellers, the wife of a local butcher, fishermen, and so on.³ Pietrandrea Matthioli and John Caius, to take but two further examples, often relied on a large network of informants, many of whom were themselves illiterate or required the assistance of others only slightly more

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¹ Massar 2005; Nutton 2013, esp. 254–278.
² Daston and Park 1998; Ogilvie 2006; Delisle 2008 and 2009.
learned to transmit what they had found or believed they had found. Some of what they described we would easily today regard as fanciful, and even a Renaissance scholar might characterise it as ‘mirum’—marvellous, miraculous, remarkable—and as such to be viewed with a certain hesitation. But it came to be accepted as true, after a complex process of negotiation sometimes taking months if not years. It depended on the value of experience, but not just that of the original discoverer, and it derived authority from its presentation by others in contexts that distanced it from the original event. The initial experience was not valid by itself: it had to be mediated though others’ acceptance and approval before it could become part of the wider system of knowledge, and become a fact.

Such an approach has its advantages for understanding the relationship between different kinds of knowledge. True, one cannot push back onto Roman Antiquity, let alone fourth-century BCE Greece, the conditions of Renaissance Italy or Germany, not least the existence of an efficient postal system that helped to create this respublica litterarum (in all senses of the term), but it is also clear that in matters concerning the natural world, including botany and pharmacology, such a transfer of knowledge was not impossible, even if slower, and that it involved a similar series of negotiations before a therapeutic practice or remedy reached a form by which it has come down to us. With this in mind, this paper looks briefly at three things: Galen’s strategy as described in De indolentia (Avoiding Distress); ‘non-professional’ elements in his drug books; and the attempt by the author of the pseudogalenic De virtutibus centaureae to establish his authority in describing his panacea.

Galen’s drug recipes came to him in two forms. On the one hand, as Cajus Fabricius showed, he relied for a great deal of his information on a small number of pharmacological treatises produced in the first two centuries of our era—for the purposes of this paper it does not matter whether Galen himself or, for example, Asclepiades Pharmacion first included the recipe in book form. On the other hand, there were individual recipes that came to Galen in a variety of ways, so that he could claim that he had had the finest collection of drug recipes in the world before it was lost in the fire of 192. He swapped recipes with fellow practitioners, as well as obtaining two collections of recipes through friends. One was probably given to him by Claudianus, who was the

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4 For Matthioli see Palmer 1985 and Fausti 2004; for John Caius and his De rariorum animalium atque stirpium historia see Roberts 1912.
5 Scribonius Largus, Comp. 171–172, is a good example of how a local ‘exotic’ remedy against rabies on Crete could become included in a drug-book written in Rome.
6 Fabricius 1972.