A Reasonable Faith? The Relationships between Faith and Reason in the Medical World of the Sixteenth Century

James McMullen
Washington University in St. Louis

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Ordinarily, we recognize the Renaissance as a revolutionary break in Western society—the irreparable division between modernity and the intellectual stagnation of the Dark Ages. The dogmas of religion are often critiqued, if not denounced, for stifling this progress for centuries; humanism, and its doctrine of scientific rationalism, is credited in turn for breaking through the philosophical oppression of that era. But are such clean characterizations just? Does logical reason inherently subvert the concept of faith? Certainly humanism demands a committed faith in humanity, but does that belief preclude faith in God? In recent years, there has been a tendency within Western society to diametrically oppose the institutions of science and faith. But where does this dichotomy originate? Did the writers of the 16th century indeed approach this conclusion of incompatibility between faith and reason, or is such an attribution anachronistic to their beliefs? This thesis, written under the guidance of Colette H. Winn, thus examines these questions, many of which still touch our modern society. Using period medical texts as a point of departure—medicine being the logical intersection between applied science and faith (be that faith in God or in humanity as the case may be)—this work analyzes the manner with which three authors synonymous with the French Renaissance address these questions. In the first chapter, the relations between the grotesque and the ‘true tales’ of François Rabelais are considered. In the second chapter, the religious imagery is analyzed in the didactic poetry of the physician, Jerome Fracastor. In the final chapter the rational skepticism of Michel de Montaigne is discussed in regards to its implications for religious belief. This thesis thus suggests that faith and science represent different fashions of considering the same existential questions: approaches that need not be mutually exclusive.