GCSE MARKING SCHEME

AUTUMN 2021

HISTORY
COMPONENT 2: THEMATIC STUDY
2F. Changes in Health and Medicine in Britain, c.500 to the present day
C100U60-1

INTRODUCTION

This marking scheme was used by WJEC for the 2021 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

COMPONENT 2: THEMATIC STUDY

2F. CHANGES IN HEALTH AND MEDICINE IN BRITAIN, C.500 TO THE PRESENT DAY

AUTUMN 2021 MARK SCHEME

Instructions for examiners of GCSE History when applying the mark scheme

Positive marking

It should be remembered that learners are writing under examination conditions and credit should be given for what the learner writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

GCSE History mark schemes are presented in a common format as shown below:

Mark allocation:	*AO1(a)*	*AO2*	*AO3 (a)*	*AO4*
5	5			

Question: e.g. **Describe the advances made in medical knowledge by Vesalius and Paré in the 16th century.** **[5]**

Band descriptors and mark allocations

	AO1(a) 5 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**4-5**
BAND 2	**Demonstrates to partially describe the issue.**	**2-3**
BAND 1	**Demonstrates a weak, generalised description of the issue.**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *medical knowledge advanced gradually throughout the 16th century caused largely by Renaissance thinking; the work of Galen was rejected in the main as a result of the work of artists and surgeons who began to further their knowledge by the study and experimentation of anatomy; medical knowledge advanced as a result of the work and contribution of individuals;*
- *Vesalius whose book "The Fabric of the Human Body" changed attitudes to medicine and laid emphasis on anatomy as the key to an understanding of how the body works;*
- *Pare and his use of cauterisation of wounds and ligatures to tie off wounds after amputation. He also introduced the use of wine to sterilise equipment before use and designed prosthetics for amputees. He was one of the first male figures to involve himself with "women`s health" writing and illustrating gynaecological texts;*
- *in 1575, he published his book* The Collected Works of Ambroise Paré *which proposed changes to the way surgeons treated wounds and amputations.*

Banded mark schemes

Banded mark schemes are divided so that each band has a relevant descriptor. The descriptor for the band provides a description of the performance level for that band. Each band contains marks. Examiners should first read and annotate a learner's answer to pick out the evidence that is being assessed in that question. Once the annotation is complete, the mark scheme can be applied. This is done as a two stage process.

Banded mark schemes Stage 1 – Deciding on the band

When deciding on a band, the answer should be viewed holistically. Beginning at the lowest band, examiners should look at the learner's answer and check whether it matches the descriptor for that band. Examiners should look at the descriptor for that band and see if it matches the qualities shown in the learner's answer. If the descriptor at the lowest band is satisfied, examiners should move up to the next band and repeat this process for each band until the descriptor matches the answer.

If an answer covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the learner's response should be used to decide on the mark within the band. For instance if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content. Examiners should not seek to mark learners down as a result of small omissions in minor areas of an answer.

Banded mark schemes Stage 2 – Deciding on the mark

Once the band has been decided, examiners can then assign a mark. During standardising (marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a learner's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

Indicative content is also provided for banded mark schemes. Indicative content is not exhaustive, and any other valid points must be credited. In order to reach the highest bands of the mark scheme a learner need not cover all of the points mentioned in the indicative content but must meet the requirements of the highest mark band.

Where a response is not creditworthy, that is contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

Question 1

Mark allocation:	*AO1*	*AO2*	*AO3(a)*	*AO4*
4		2	2	

Question: **Use Sources A, B and C to identify one similarity and one difference in developments in public health and housing over time. [4]**

Band descriptors and mark allocations

	AO2 2 marks		**AO3(a) 2 marks**	
BAND 2	**Identifies clearly one similarity and one difference.**	**2**	**Uses the sources to identify both similarity and difference.**	**2**
BAND 1	**Identifies either one similarity or one difference.**	**1**	**Uses the sources to identify either similarity or difference**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

Similarities – A and B show terraced housing whereas C shows semi-detached houses;
A and B show small houses implying over-crowding whereas C shows more spacious housing;
A shows poor sanitation with toilets backing onto the river and B shows basic backyard toilets.

Differences – C shows better planning whereas A and B show cramped conditions;
C shows houses on plots of land with maintained gardens whereas B shows small backyards;
C shows good access whereas A and B seem to be cramped.

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Question 2

Mark allocation:	*AO1 (b)*	*AO2*	*AO3 (a+b)*	*AO4*
6	**2**		**4**	

Question: **Which of the two sources is the more reliable to an historian studying attempts to prevent illness and disease over time? [6]**

Band descriptors and mark allocations

	AO1(b) 2 marks		**AO3 (a+b) 4 marks**	
			Fully analyses and evaluates the reliability of both sources. There will be analysis of the content and authorship of both sources, producing a clear, well substantiated judgement set within the appropriate historical context.	**3-4**
BAND 2	**Demonstrates detailed understanding of the key feature in the question.**	**2**	**Partial attempt to analyse and evaluate the reliability of both sources. There will be some consideration of the content and authorship of both sources with an attempt to reach a judgement set within the appropriate historical context.**	**2**
BAND 1	**Demonstrates some understanding of the key feature in the question.**	**1**	**Generalised answer which largely paraphrases the sources with little attempt at analysis and evaluation.**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *Source D is reliable to a degree as it comes from a political cartoon of 1802 which depicts Edward Jenner feeding babies into a vaccination monster which excretes them as horned devils which suggests the effects of vaccination. Jenner and his followers are depicted as horned devils which supports the beliefs of many people of the time that his work was ungodly. It shows society`s negative reaction to vaccination;*
- *to assess the reliability of the authorship there should be reference to the cartoon being from an anti-vaccination pamphlet which was bent on portraying Jenner`s work in a negative light which was produced by people who feared or scorned change and would tend to over-exaggerate and dramatise the situation for effect at a time of heightened anti-vaccination hysteria;*
- *Source E is reliable to a degree as it from Prof. Stephen Price, medical director of the NHS who is fully supportive of the Daily Mail`s campaign for free vaccination, especially for children. His message is simple and direct;*

- *to assess the reliability of the authorship there should be reference to Prof. Price who is an academic and an expert in his field having carried out extensive research. There should be reference to the article being published in the Daily Mail newspaper which could have been edited in order to perhaps make it more hard hitting to its readership. The newspaper article deals with a controversial issue, adding weight to the continuing debate about the issue of vaccination and expresses the views of the editorial team who may be making a political point.*

There should be reference to the time and circumstances under which the sources were produced.

Question 3

Mark allocation:	*AO1 (a)*	*AO2*	*AO3*	*AO4*
5	**5**			

Question**:** **Describe the advances made in medical knowledge by Vesalius and Paré in the 16th century**. **[5]**

Band descriptors and mark allocations

	AO1(a) 5 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**4-5**
BAND 2	**Demonstrates knowledge to partially describe the issue.**	**2-3**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *medical knowledge advanced gradually throughout the 16th century caused largely by Renaissance thinking; the work of Galen was rejected in the main as a result of the work of artists and surgeons who began to further their knowledge by the study and experimentation of anatomy;*
- *medical knowledge advanced as a result of the work and contribution of individuals;*
- *Vesalius whose book "The Fabric of the Human Body" changed attitudes to medicine and laid emphasis on anatomy as the key to an understanding of how the body works;*
- *Pare and his use of cauterisation of wounds and ligatures to tie off wounds after amputation. He also introduced the use of wine to sterilise equipment before use and designed prosthetics for amputees. He was one of the first male figures to involve himself with "women`s health" writing and illustrating gynaecological texts;*
- *in 1575, he published his book "The Collected Works" of Ambroise Paré which proposed changes to the way surgeons treated wounds and amputations.*

Question 4

Mark allocation:	*AO1 (a+b)*	*AO2*	*AO3*	*AO4*
9	**2**	**7**		

Question: **Explain why patient care improved in the second half of the 19th century. [9]**

Band descriptors and mark allocations

	AO1(a+b) 2 marks			**AO2 7 marks**	
			BAND 3	**Fully explains the issue with clear focus set within the appropriate historical context.**	**5-7**
BAND 2	**Demonstrates detailed knowledge and understanding of the key features in the question.**	**2**	**BAND 2**	**Partially explains the issue within the appropriate historical context.**	**3-4**
BAND 1	**Demonstrates some knowledge and understanding of the key features in the question.**	**1**	**BAND 1**	**Mostly descriptive response with limited explanation of the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *in the first half of the 19th century standards of nursing and conditions in hospitals were extremely poor but the situation was to change as a result of the experience of the Crimean War and because of the contribution of individuals such as Betsi Cadwaladr, Mary Seacole and more notably Florence Nightingale;*
- *the Crimean War was reported in British newspapers and the public became alarmed at the treatment and care of wounded soldiers;*
- *Florence Nightingale ushered in changes which were later to be implemented in hospitals throughout Britain such as cleaning wounds, washing patients, cleaning clothes and changing bedding;*
- *Nightingale`s contribution to infection control, hospital epidemiology and hospice care;*
- *to help prevent the spread of disease patients were segregated according to their illness and wards were well ventilated;*
- *on returning to Britain, Nightingale raised funds and established the Nightingale School of Nursing in a wing of St. Thomas` Hospital in London;*
- *in 1859 she published "Notes on Nursing" which set out guidelines for nursing, effectively professionalising nursing;*
- *the role of nursing progressed from one of minding and cleaning to being an essential part of patient care;*
- *in 1863 she published "Notes on Hospitals" which advised on the design of hospitals;*

- *Nightingale`s use of statistics and data such as the `rose diagram` and the introduction of sanitary science;*
- *by 1900 nursing schools based on Nightingale`s ideas had opened around the country;*
- *credit reference to attempts to treat and cure and prevent illness/disease along with advances in medical knowledge in the second half of the 19th century.*

Question 5

Mark allocation:	*AO1 (a+b)*	*AO2*	*AO3*	*AO4*	
16	**6**	**10**			

Question: **Outline how attempts to treat and cure illness and disease have changed from c.500 to the present day.** **[16]**

Band descriptors and mark allocations

	AO1(a+b) 6 marks		**AO2 10 marks**	
BAND 4	**Demonstrates very detailed knowledge and understanding of the key issue in the question.**	**5-6**	**Provides a fully detailed, logically structured and well organised narrative account. Demonstrates a secure chronological grasp and clear awareness of the process of change.**	**8-10**
BAND 3	**Demonstrates detailed knowledge and understanding of the key issue in the question.**	**3-4**	**Provides a detailed and structured narrative account. Demonstrates chronological grasp and awareness of the process of change.**	**5-7**
BAND 2	**Demonstrates some knowledge and understanding of the key issue in the question.**	**2**	**Provides a partial narrative account. Demonstrates some chronological grasp and some awareness of the process of change.**	**3-4**
BAND 1	**Generalised answer displaying basic knowledge and understanding of the key issue in the question.**	**1**	**Provides a basic narrative account. Demonstrates limited chronological grasp and limited awareness of the process of change.**	**1-2**

Use 0 for incorrect or irrelevant answers.

Indicative content

The process of change and continuity in attempts to treat and cure illness and disease will be explored through the creation of a balanced narrative covering the three historical eras in this theme.

The content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *in the medieval era people did not understand the causes of illness and disease which made it difficult to develop effective treatments; they accepted disease and poor health as part of everyday life and medicines and cures were basic and largely ineffective; villages and towns were filthy, knowledge of hygiene non-existent and disease could become rampant as happened with the Black Death; the work of physicians was based on poor knowledge of human anatomy and illness caused by bad smells would be treated by cures to make the smell go away and illness caused by bad luck would need prayer and superstition; barber surgeons would carry out bloodletting and minor surgery*

and produce herbal remedies with varying degrees of effectiveness; belief in the four humours would treat the imbalance by bleeding, sweating and vomiting and the examination of urine was used in diagnosis and cure; zodiac charts were used to dictate cures and remedies; unlicensed traders or "quacks" travelled the country dispensing spurious cures; the use of herbal medicines containing natural ingredients sometimes helped recovery and the use of leeches helped in anaesthetising wounds;

- *in the early modern era traditional treatments and remedies continued to be used though new developments in the period saw "Ladies of the manor" compiling books of cures; herbs were used more effectively sometimes using the doctrine of signatures; newly imported goods such as rhubarb and tobacco were considered to be effective ways of dealing with disease and illness; treatment and cures began to embrace science involving observation, experimentation and the recording of results; mental illness and midwifery were subjects of research; taking fresh air and improving diet and well-being were beginning to be identified as ways of avoiding illness;*

- *in the modern era advances were made in subduing patients during surgery using anaesthetics with Davey`s use of nitrous oxide, Simpson`s use of chloroform, Lister`s use of carbolic acid and Koch`s development of aseptic surgery; the 20th century witnessed Curie`s pioneering work of radiation along with the work of Fleming, Florey and Chain in the field of antibiotics; advances were made in the replacement of worn joints and in transplant surgery and the treatment of cancer; some people have turned to alternative forms of treatment such as hydrotherapy, aromatherapy, hypnotherapy, acupuncture and homeopathy.*

Question 6 (a)

Mark allocation:	*AO1 (a)*	*AO2*	*AO3*	*AO4*
8	**8**			

Question: **(a) Describe two examples of illnesses or diseases that were caused by conditions in the trenches during the First World War. [8]**

Band descriptors and mark allocations

	AO1(a) 8 marks	
BAND 3	**Offers detailed knowledge to fully describe two main aspects of the historic site set within its appropriate historical context.**	**6-8**
BAND 2	**Offers some knowledge to describe two main aspects of the historic site set within its historical context.**	**3-5**
BAND 1	**Offers a generalised description with limited knowledge of two main aspects of the historic site.**	**1-2**

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Any two of the following features could be described:

- *infection of a wound was a major reason for death, the most infectious being gas gangrene which was carried by bacteria in the soil and little could be done without antibiotics;*
- *pyrexia or trench fever was spread by body lice which caused `flu like symptoms and pains in the bones and joints;*
- *trench foot was a fungal infection caused by constant immersion in water in the trenches sometimes resulting in gangrene and amputation;*
- *frostbite damaged the skin and cut off circulation causing fingers, toes and feet to be amputated;*
- *intensive artillery attacks caused 'shell shock' with symptoms such as anxiety, nervous ticks and severe trauma.*

Question 6 (b)

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12		**12**		

Question: **(b) Explain why the experience of fighting on the Western Front was important in improving medical treatment during the First World War. [12]**

Band descriptors and mark allocations

	AO2 12 marks	
BAND 4	**Offers a sophisticated and reasoned explanation and analysis of the historic site and its relationship with historic events and developments. The answer fully addresses the position of the historic site in discussing why the experience of the Western Front was important in improving medical treatment during the First World War set within the appropriate historical context.**	**10-12**
BAND 3	**Offers a reasoned explanation and analysis of the historic site in discussing why the experience of the Western Front was important in improving medical treatment during the First World War set within the appropriate historical context.**	**7-9**
BAND 2	**Offers some explanation and analysis of the historic site in discussing why the experience of the Western Front was important in improving medical treatment during the First World War set within the appropriate historical context.**	**4-6**
BAND 1	**Offers a generalised explanation and analysis of the historic site with limited reference to why the experience of the Western Front was important in improving medical treatment during the First World War**	**1-3**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *the war proved to be a catalyst for medical improvement in terms of fighting infection, improving aid on the battlefield and in the use of new surgical techniques and the development of life-saving technology;*
- *the new types of weaponry caused injury on a huge scale and required changes in the way that troops were treated;*
- *during the First World War all medical personnel belonged to the Royal Army Medical Corps and nurses who treated wounded soldiers were fully trained;*
- *at the start of the war 32 out of every 1000 deaths were due to typhus or tetanus infections but after vaccination began in 1915 the rate dropped to 2 in every 1000;*
- *the high level of amputees led to considerable advances in the development of prosthetics and moveable joints;*
- *the high number of face injuries led to advances in plastic surgery using bone transplants and skin grafts;*
- *head and brain injuries led to developments in brain surgery to extract bullets and shrapnel;*

- *the invention of the "Thomas Splint" meant that fractures could be stabilised and stopped bones grinding together and reduced blood loss, infection and amputation. The splint caused the death rate from fractures to drop from 80 to 20 %;*
- *aseptic surgery was standard in all British hospitals and surgeons used carbolic acid and hydrogen peroxide to kill bacteria;*
- *blood transfusions were used especially at Casualty Clearing Stations and portable refrigeration machines enabled blood to be stored;*
- *portable X-ray machines saved lives by allowing for the speedy location of bullets and shrapnel and X-rays became standard in hospitals.*