



GCSE MARKING SCHEME

SUMMER 2019

HISTORY

COMPONENT 2: THEMATIC PAPER

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 2019 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.

MARK SCHEME SUMMER 2019

Component 2: THEMATIC PAPER

2F. Changes in Health and Medicine in Britain, c.500 to the present day

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:

This section indicates the assessment objective(s) targeted in the question					
Mark allocation:	AO1(a)	AO2	AO3 (a)	AO4	
5	5	This is the question and its mark tariff.			

Question: e.g. **Describe the development of endowed hospitals in the 18th 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

This section contains the band descriptors which explain the principles that must be applied when marking each question. The examiner must apply this when applying the marking scheme to the response. The descriptor for the band provides a description of the performance level for that band. The band descriptor is aligned with the Assessment Objective(s) targeted in the question.

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:

- *industrialisation and urbanisation led to an increase in population coupled with a demand for more and better hospitals;*
- *wealthy individuals or philanthropists such as Thomas Guy used their fortunes to fund the building of new hospitals;*
- *during the 18th century many new endowed or voluntary hospitals opened paid for by individuals, local charities or town councils across the country e.g. Guys and St. Bartholomew's;*
- *with the development of scientific enquiry the endowed hospitals became places to treat illnesses, administer medicines and provide surgical procedures;*
- *patients were looked after by nursing helpers who performed basic tasks, nursing sisters and trained physicians who treated them.*

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.

MARK SCHEME**Component 2: THEMATIC PAPER****2F. Changes in Health and Medicine in Britain, c.500 to the present day****Question 1**

<i>Mark allocation:</i>	AO1	AO2	AO3(a)	AO4
4		2	2	

Question: **Use Sources A, B and C to identify one similarity and one difference in attempts to treat and cure illness and disease 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 C show forms of blood-letting or cupping
A and C are attempting to extract impurities
B and C show scientific, antibacterial procedures
B and C show naturally occurring remedies*

*Differences: A shows an untrained barber surgeon letting blood
B shows medication taken orally and administered by the patient or by injection
C shows the wound being anaesthetised and the treatment acts as an anticoagulant.*

Question 2

<i>Mark allocation:</i>	<i>AO1 (b)</i>	<i>AO2</i>	<i>AO3 (a+b)</i>	<i>AO4</i>
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	
BAND 3			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 is a largely factual, first-hand account of the lengths that some people went to in an attempt to avoid contracting the Black Death. Owing to the ignorance of the people at the time they turned to the Church who encouraged religious processions as a way of avoiding the plague. Some turned to self-harming and flagellation in order to purify themselves in the eyes of God;*
- *to assess the reliability of the authorship there should be reference to the writer as a knight of the realm and a royal clerk who would have high standing and would have gathered information about the Black Death as an important event during the reign of Edward III. There may be reference to Edward's order for the streets of London to be cleaned up which was a more effective way of preventing the disease compared to the extreme attempts in Source D. Robert of Avesbury is writing in a chronicle and may have embellished events to make his account more interesting;*
- *Source E is reliable to a degree as it is an account of the reasons for the spread of cholera written by a physician who had conducted detailed research into the causes of the disease at a time when little was known about the disease and how to avoid it;*

- *to assess the reliability of the authorship there should be reference to Dr John Snow who applied his scientific knowledge of the disease by using statistics to pinpoint every cholera case on a street map surrounding his surgery. By doing so he was able to narrow the outbreak down to a water pump in Broad Street arguing that the disease was water borne. His research was produced after the epidemic of 1854 and, as a result, the incidence of the disease fell.*

Question 3

<i>Mark allocation:</i>	AO1 (a)	AO2	AO3	AO4
5	5			

Question: **Describe the development of endowed hospitals in the 18th 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:

- *industrialisation and urbanisation led to an increase in population coupled with a demand for more and better hospitals;*
- *wealthy individuals or philanthropists such as Thomas Guy used their fortunes to fund the building of new hospitals;*
- *during the 18th century many new endowed or voluntary hospitals opened paid for by individuals, local charities or town councils across the country e.g. Guys and St. Bartholomew's;*
- *with the development of scientific enquiry the endowed hospitals became places to treat illnesses, administer medicines and provide surgical procedures;*
- *patients were looked after by nursing helpers who performed basic tasks, nursing sisters and trained physicians who treated them.*

Question 4

<i>Mark allocation:</i>	<i>AO1 (a+b)</i>	<i>AO2</i>	<i>AO3</i>	<i>AO4</i>
9	2	7		

Question: **Explain why medical knowledge improved in the 16th 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:

- *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 such as*
 - *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;*
- *scientists were encouraged in their research by wealthy sponsors and patrons;*
- *scientific and medical knowledge advanced because of the use of the printing press to disseminate the results of research.*

Question 5

<i>Mark allocation:</i>	<i>AO1 (a+b)</i>	<i>AO2</i>	<i>AO3</i>	<i>AO4</i>	<i>SPaG</i>
20	6	10			4

Question: **Outline how public health and welfare changed from c.500 to the present day.** [16+4]

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 public health and welfare 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:

- *medieval towns were filthy and unhealthy. A lack of building regulations and restrictions meant that houses were crowded together and the lack of hygiene provided breeding grounds for vermin. Waste disposal was primitive and drinking water often contaminated. As a result disease and, on a larger scale, plague was rife and mortality rates were high especially among children.*
- *Civic responsibility for public health varied. Most towns led by corporations were reluctant to spend money though some such as Shrewsbury and Coventry recognised the problems and made efforts to clean up their streets;*

- *in the early modern era most towns remained dirty, unhealthy and disease ridden. Tudor legislation led to laws forbidding the location of slaughterhouses in towns and an act of 1532 gave towns and cities powers to impose a tax in order to build sewers. The Derbyshire town of Eyam took precautions to contain the Great Plague in 1665 and prevent its spread throughout the north of England and after the Great Fire in 1666 an act of parliament was passed for the redevelopment and rebuilding of London. Clearly central and local government were recognising the link between filth and disease and the need to regulate municipal building;*
- *in the modern era industrialisation and urbanisation led to overcrowding and squalor. Private companies that supplied water, gas and later electricity supplied the more profitable middle class areas of towns with the result that poorer parts were particularly unhealthy. Individuals like Edwin Chadwick pushed to improve the health of the nation as a result of outbreaks of cholera culminating in the Public Health Act of 1848. This marked the beginning of a series of acts of parliament and the Public Health Act of 1875 brought together a range of acts covering sewage, water supplies, housing and disease.*
Following the First World War the government proposed the building of up to 500,000 good quality homes and offered subsidies to local councils to build houses for workers. The ravages of the Second World War made it even more important to increase the building of affordable houses. The government began to tackle the issue of air pollution with legislation in 1956, 1968, 1990 and 1993.

After awarding a band and a mark for the response, apply the performance descriptors for spelling, punctuation and the accurate use of grammar (SPaG) and specialist terms that follow.

In applying these performance descriptors:

- learners may only receive SPaG marks for responses that are in the context of the demands of the question; that is, where learners have made a genuine attempt to answer the question
- the allocation of SPaG marks should take into account the level of the qualification.

Band	Marks	Performance descriptions
<i>High</i>	4	<ul style="list-style-type: none"> • Learners spell and punctuate with consistent accuracy • Learners use rules of grammar with effective control of meaning overall • Learners use a wide range of specialist terms as appropriate
<i>Intermediate</i>	2-3	<ul style="list-style-type: none"> • Learners spell and punctuate with considerable accuracy • Learners use rules of grammar with general control of meaning overall • Learners use a good range of specialist terms as appropriate
<i>Threshold</i>	1	<ul style="list-style-type: none"> • Learners spell and punctuate with reasonable accuracy • Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall • Learners use a limited range of specialist terms as appropriate
	0	<ul style="list-style-type: none"> • The learner writes nothing • The learner's response does not relate to the question • The learner's achievement in SPaG does not reach the threshold performance level, for example errors in spelling, punctuation and grammar severely hinder meaning

Question 6 (a)

<i>Mark allocation:</i>	<i>AO1 (a)</i>	<i>AO2</i>	<i>AO3</i>	<i>AO4</i>
8	8			

Question: (a) **Describe two main aspects of the Great Plague in Eyam.** [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

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. Any two of the following features could be described:

- *aspects of the disease associated with the historic site of Eyam: the village in rural Derbyshire saw its first signs of the Plague in early 1665. The village's historic links with London was thought to be the main cause as the infection was transported in a flea-ridden bundle of cloth. The death toll in 1665 was very heavy with over 260 deaths out of a total of 350 inhabitants;*
- *the response of people to the plague in Eyam: people turned to church ministers for leadership and protection; the village was quarantined and church services held in isolation; families buried their own dead;*
- *the incidence of the plague: people used plague stones soaked in vinegar to mark the village boundaries; burials were in very isolated places on local moors; records of local fatalities were recorded in the nearby church.*

Question 6 (b)

<i>Mark allocation:</i>	AO1	AO2	AO3	AO4
12		12		

Question: (b) **Explain why events in Eyam were important in demonstrating the effectiveness of ways of combating disease in the late 17th century.** [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 showing the effectiveness of combating disease in the late 17 th century set within the appropriate historical context.	10-12
BAND 3	Offers a reasoned explanation and analysis of the historic site in showing the effectiveness of combating disease in the late 17 th century set within the appropriate historical context.	7-9
BAND 2	Offers some explanation and analysis of the historic site in showing the effectiveness of combating disease in the late 17 th century set within the appropriate historical context.	4-6
BAND 1	Offers a generalised explanation and analysis of the historic site with limited reference to the effectiveness of combating disease in the late 17 th century.	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:

- *analysis of the historic site of Eyam in 1665 shows that it played a major role in the attempts to combat disease in the seventeenth century;*
- *the outbreak of plague in Eyam in 1665 led to early attempts to tackle the disease and future outbreaks. These included ordering families to dispose of their own dead in order to prevent the spread of the disease;*
- *the outbreak of the plague in Eyam also led to the use of plague stones that were effective because they warned people not to enter the village thus inhibiting the spread of the disease; the use of vinegar to sterilise money showed an awareness of how to reduce the spread of the disease;*
- *putting the village in quarantine was also a new and effective method of attempting to combat the spread of the disease. This was significant because it presaged later strategies for combating and preventing the spread of disease;*
- *care was also taken with the supply of food to the village to prevent contamination of the food supply;*
- *church services were relocated to avoid close contact with plague victims;*
- *in an attempt to prevent further outbreaks of plague a “great burning” of clothes and other items was organised;*
- *in these ways the village of Eyam during the Great Plague of 1665 was significant in showing to changing attitudes to the combating of disease in the seventeenth century and was also significant in anticipating later methods of preventing the spread of disease.*