



**General Certificate of Secondary Education  
June 2011**

**GCSE History A                      40401A**

**Unit 1 Option A**

**Medicine Through Time**

**Final**

***Mark Scheme***

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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**A: INTRODUCTION**

- **Consistency of Marking**

Consistency of marking is of the essence in all public examinations. This factor is particularly important in a subject like History which offers a choice of specifications and a choice of options within them. It is therefore of vital importance that assistant examiners apply this marking scheme as directed by the Principal Examiner in order to facilitate comparability with the marking of all the other History specifications and options offered by the AQA.

- **Subject Content**

The revised specification addresses subject content through the identification of 'key questions' which focus on important historical issues. These 'key questions' give emphasis to the view that History is concerned with the analysis of historical problems and issues, the study of which encourages all candidates, but particularly the more able, to make judgements grounded in evidence and information.

- **The Assessment Objectives (AOs)**

Assessment Objectives		% weighting
AO1	Recall, select and communicate their knowledge and understanding of history	30
AO2	Demonstrate their understanding of the past through explanation and analysis of: <ul style="list-style-type: none"> <li>• key concepts: causation, consequence, continuity, change and significance within an historical context</li> <li>• key features and characteristics of the periods studied and the relationship between them</li> </ul>	30
AO3	Understand, analyse and evaluate: <ul style="list-style-type: none"> <li>• a range of source material as part of an historical enquiry</li> <li>• how aspects of the past have been interpreted and represented in different ways as part of an historical enquiry</li> </ul>	40

- **Levels of Response Marking Schemes**

The mark scheme which follows is of the 'levels of response' type showing that candidates are expected to demonstrate their mastery of historical skills in the context of their knowledge and understanding of History. All candidates take a common examination paper – there is no tiering. Consequently, it is reasonable to expect to encounter the full range of attainment and this marking scheme has been

designed to differentiate candidates' attainment by **outcome** and to reward **positively** what the candidates know, understand and can do.

Before scrutinising and applying the detail of the specific mark scheme which follows, assistant examiners are required to familiarise themselves with the instructions and guidance on the general principles to apply in determining into which level of response an answer should fall and in deciding on a mark within that particular level.

Good examining is, ultimately, about the **consistent application of judgement**. This mark scheme provides the necessary framework for exercising that judgement but it cannot cover all eventualities. This is especially so in a subject like History, which in part relies upon different interpretations and different emphases given to the same content.

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**B: QUESTION TARGETS & LEVELS OF RESPONSE**

- **Question Targets**

The mark scheme for each question is prefaced by an assessment objective 'target'. This is an indication of the skill which it is expected candidates will use in answering the question and is directly based on the relevant assessment objectives. However, it does not mean that other answers which have merit will not be rewarded.

- **Identification of Levels of Response**

There are several ways in which any question can be answered – in a simple way by less able candidates and in more sophisticated ways by candidates of greater ability. In the marking scheme different types of answers will be identified and will be arranged in a series of levels of response.

Levels of response have been identified on the basis that the full range of candidates entered for the GCSE examination will be able to respond positively. Each 'level' therefore represents a stage in the development of the candidate's **quality of thinking**, and, as such, recognition by the assistant examiner of the relative differences between each level descriptor is of paramount importance.

- **Placing an answer within a Level**

When marking each part of each question, examiners must first place the answer in a particular level and then, and only then, decide on the actual mark within the level, which should be recorded in the margin. **The level of response attained should also be indicated at the end of each answer.** In most cases, it will be helpful to annotate the answer by noting in the margin where a particular level has been reached, e.g. Level 1 may have been reached on line 1, L3 on line 5 and L1 again on line 7. When the whole answer has been read and annotated in this way, the highest of the Levels **clearly attained** and **sustained** should be awarded. Remember that it is often possible to reach the highest level **without** going through the lower levels. Marks are **not cumulative** for any question. There should be no 'totting up' of points made which are then converted into marks. Examiners should feel free to comment on part of any answer if it explains why a particular level has been awarded rather than one lower or higher. Such comments can be of assistance when the script is looked at later in the awarding process.

If an answer seems to fit into two or more levels, award the higher or highest level.

- **What is a sustained response?**

By a **sustained response**, we mean that the candidate has **applied** the appropriate level of thought to the **particular issues** in the sub-question.

A response does not necessarily have to be sustained throughout the whole answer, but an answer in which merely a few words seem to show a fleeting recognition of historical complexity is not sufficient to attain a higher level.

In some cases, as you read an answer to a sub-question, it will be clear that particular levels have been reached at certain points in the answer. If so, remember

to identify them in the margin as you proceed. At the end of the sub-question, award the highest level that has been sustained.

In other cases you may reach the end of the sub-question without having been able to pinpoint a level. In such cases, simply record the level awarded at the end of the sub-question.

**C: DECIDING ON MARKS WITHIN A LEVEL**

A particular level of response may cover a range of marks. Therefore, in making a decision about a specific mark to award, it is vitally important to think *first* of the **lower/lowest mark within the level**.

In giving more credit with the level, examiners should ask themselves several questions relating to candidate attainment. The more positive the answers, the higher should be the mark awarded. We want to avoid “bunching” of marks. Levels mark schemes can produce regression to the mean, which should be avoided. At all times, therefore, examiners should be prepared to use **the full range of marks** available for a particular level and for a particular question. Remember – mark **positively** at all times.

Consider whether the answer is:

- precise in its use of supporting factual information.
- appropriately detailed.
- factually accurate.
- appropriately balanced, or markedly better in some areas than in others.
- set in the historical context as appropriate to the question.
- displaying appropriate **quality of written communication skills**.

Note about Indicative Content.

The mark scheme provides **examples of historical content** (indicative content) which candidates may deploy in support of an answer within a particular level. Do bear in mind that these are **only examples**; exhaustive lists of content are not provided so examiners might expect some candidates to deploy alternative information to support their answers.

This indicative content must **not** however determine the level into which an answer is placed; **the candidate’s level of critical thinking determines this**. Remember that the **number** of points made by a candidate may be taken into account only **after** a decision has been taken about the quality (level) of the response.

• **Some things to remember**

Mark positively at all times.

Do **not** be afraid to award maximum marks within a level where it is possible to do so. Do not fail to give a maximum mark to an appropriate answer because you can think of something (or the marking scheme indicates something) that **might** be included but which is missing from the particular response.

Do **not** think in terms of a model answer to the question. Every question should be marked on its merits.

As a general rule, give credit for what is accurate, correct or valid.

Obviously, **errors can be given no credit** but, at the same time, the existence of an error should not prejudice you against the rest of what could be a perfectly valid answer.

It is important, therefore, to use the full range of marks where appropriate.

Do not use half marks.

**D: SOME PRACTICAL POINTS**

- **Answers in note form**

Answers in note form to any question should be credited in so far as the candidate's meaning is communicated. You must not try to read things into what has been written.

- **Diagrams, etc**

Credit should be given for information provided by the candidates in diagrams, tables, maps etc., provided that it has not already been credited in another form.

- **Answers which run on to another sub-section**

If a candidate starts to answer the next sub-section in an earlier one, by simply running the answer on, give credit for that material in the appropriate sub-section.

- **Answers which do not fit the marking scheme**

Inevitably, some answers will not fit the marking scheme but may legitimately be seen as worthy of credit. Assess such answers in terms of the difficulty/sophistication of the thought involved. If it is believed that the "thought level" equates with one of the levels in the marking scheme, award it a corresponding mark.

Make sure you identify such cases with an A (for alternative) in your sub-total, e.g. as B2A/3. Also write a brief comment to explain why this alternative has been awarded.

If in doubt, **always** telephone your Team Leader for advice.

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**Paper 1**
**Section A Disease and Infection****Question 1**

- (a) What does **Source A** suggest about the treatment of disease at the time of the early Greeks? **4**  
 Explain your answer using **Source A** and **your knowledge**.
- Target: Target: Knowledge and understanding applied to comprehend and draw an inference from an historical source (AO 1 & 3)**
- Candidates either submit no evidence or fail to address the question. **0**
- Level 1: Answers that select details from the source or show some knowledge of the treatment of disease.** **1**  
 e.g. the picture shows doctors treating patients
- Level 2: Answers that draw an informed inference based on the source and/or own knowledge** **2-3**  
 e.g. the Greeks treat patients in a temple that looks like a hospital ward. They are given drugs so they sleep at night.
- Level 3: Answers that develop a complex, informed inference based on the source and/or own knowledge** **4**  
 e.g. the Greeks used a combination of supernatural and natural approaches to medicine, supernatural; the use of snakes, and natural drugs to allow minor surgery to be undertaken. The votive stones on the wall record thanksgiving offerings to the gods. This shows that the treatments worked and that the Greeks believed in the importance of the healing powers of their gods. Asklepios is seen as a god in the background. He is holding a staff which has a snake entwined around it. The snake was a n important part of the treatments.



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<b>(b)</b>	<p>What different treatment of disease is suggested by <b>Source B</b>?          Explain your answer using <b>Sources A and B</b> and <b>your knowledge</b>.</p>	<b>6</b>
	<p><b>Target: Knowledge and understanding applied to comprehend and draw inferences from two historical sources (AO 1/2/3)</b></p> <p>Candidates either submit no evidence or fail to address the question.</p>	<b>0</b>
	<p><b>Level 1: Answers that select details from Source B</b>          e.g. He used medical books          Bleeding the patient was a popular treatment</p>	<b>1-2</b>
	<p><b>Level 2: Answers that provide a simple comparison based on the details of both sources</b>          e.g. Greeks believed in the power of the gods but the treatment of Charles II was based on a more scientific approach.</p>	<b>3-4</b>
	<p><b>Level 3: Answers that develop an understanding or draw informed inferences about attitudes based on the details of both sources</b>          From source A candidate may draw on Asklepios as a 'god', votive stones, symbolism of the snake, high status of the priests, quality of the temple surroundings          From source B candidates may link the wealth/status of the king to team of doctors and expectation that they would save the king (as well as their own reputation), offering a range of possible cures, importance of the four humours</p> <p>e.g. Asklepios was seen as a god with the power to cure you. Treatment had to take place within the temple. They believed that Asklepios and his two daughters Hygeia and Panacea visited you at night to cure you. The snake was supposed to have special healing powers. The votive stones showed this belief. In Source B the doctor was important and his cures were based on scientific methods, many had been developed by the later Greeks. These were centred on the balance of the four humours so blood letting and the use of emetics and purgatives was important.</p> <p>NB Bottom of level if informed inference from sources is unbalanced.</p>	<b>5-6</b>

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<b>(c)</b>	<p>Why was the treatment of disease different at these times?            Explain your answer using <b>Sources A</b> and <b>B</b> and <b>your knowledge</b>.</p>	<b>8</b>
	<p><b>Target: Explanation and understanding of the different ideas and attitudes and how they might change over time (AO 1/2/3)</b></p> <p>Candidates either submit no evidence or fail to address the question.</p>	<b>0</b>
	<p><b>Level 1: Answers that select details from sources</b>  <b>OR</b>  <b>Answers that say how the sources are different</b>            Source A is from 400BC and Source B is from 1685            Source A is a modern painting. Source B is from a diary.            The Greeks cured people in temples but the treatment of Charles II took place in his palace.</p>	<b>1-2</b>
	<p><b>Level 2: Answers showing simple reasoning about different attitudes based on changes over time, place or author</b>            e.g. Greeks believed in the importance of supernatural cures alongside some practical cures. Hippocrates theory of the four humours had been believed for centuries so was followed in the time of Charles II</p>	<b>3-5</b>
	<p><b>Level 3: Answers showing developed reasoning about different attitudes based on changes over time, place or author</b></p> <p>e.g. The cult of Asklepios was popular at the time of the early Greeks. It provided a cure from the gods and due to some successes including the health spa effect of a visit to an Asklepion it remained popular with the Greeks.            Later, Hippocrates suggested natural causes and natural cures to disease. These ideas were popular in the 17<sup>th</sup> century. In 1685 the theory of opposites and the four humours was a popular scientific approach to illnesses doctors did not understand.            Although people still believed in the importance of religion in understanding the causes of illness medical books centred on the work of Islamic doctors were available but in a crisis this knowledge did not help the king.            Charles II was also treated by the theory of opposites and a supernatural drug - the bezoar stone.</p> <p>Candidates explain shift from supernatural/natural towards a more scientific approach.            May use understanding of factors to support their answers e.g. role of the individual, science, technology.</p>	<b>6-8</b>

<b>(d)</b>	<p>Study <b>Source C</b>.          Knowledge about the treatments of disease has improved at different times for different reasons.          Why was this?</p>	
	<p>Explain your answer. You may use <b>Sources A, B and C</b> and <b>your knowledge</b>.</p>	<b>8</b>
	<p><b>Target: An understanding and evaluation of causation (AO 1/2/3)</b></p>	
	<p>Candidates either submit no evidence or fail to address the question.</p>	<b>0</b>
	<p><b>Level 1: Answers that provide general statements, describe single factors or factual details about treatment of disease</b></p> <p>Covers a single factor; Science and technology, the individual, chance, war and communications.          e.g. Alexander Fleming He discovered penicillin by chance.</p>	<b>1-2</b>
	<p><b>Level 2: Answers that comment briefly on several factors, to do with improvement in the treatment of disease</b></p> <p>May link together both ideas about the causes of disease with treatments to cure and prevent disease.          e.g. The Germ Theory was a major turning point as it proved that germs caused disease and were not a result of disease. It helped people understand that disease was not caused by God or supernatural events. This led to the search for magic bullets to kill germs.          Several factors could mean a reference to three areas, two if in depth.</p>	<b>3-4</b>
	<p><b>Level 3: Answers that recognise and explain several factors to do with improvement in the treatment of disease in specific detail</b></p> <p>Science and technology, the individual, chance, war and communications. Individual factors are covered and candidate begins to link together them effectively.          e.g. Alexander Fleming discovered by chance that penicillin killed some germs but it was the scientific work of Florey and Chain, helped by technology and the Second World War effort which eventually produced the quantities of penicillin which made a difference in the treatment of disease.</p>	<b>5-6</b>
	<p><b>Level 4: Answers that develop out of level 3 and evaluate the relative importance of individual factors or come to a summary assessment about the factors involved or provide details of the links between factors</b></p> <p>May evaluate increased knowledge in terms of scientific approaches used by key individuals, the opportunities that technological breakthroughs provided, chances taken by individuals such as Jenner alongside chance in the discovery of penicillin or the positive impact of wars. The key will be the relative importance of each factor linked to the pace of change.           e.g. It was not until Pasteur discovered the effect of airborne germs that a real breakthrough took place. Robert Koch, another important individual, then looked for magic bullets to kill germs. These magic bullets were developed</p>	<b>7-8</b>

because of real improvements in science and technology. This linked with the push two world wars had on the development of cures for diseases meant that the 19<sup>th</sup> and 20<sup>th</sup> centuries saw the big improvements. At different times different factors played their part in moving forward the techniques to cure disease.

**Section B Public Health**

**Question 2**

(a) Choose **one** of the factors below that have influenced the development of Public Health:

- Governments
- Individuals

What influence did this factor have on the development of Public Health? **4**

**Target: Understanding of the key features of the period (AO 1)**

Candidates either submit no evidence or fail to address the question. **0**

**Level 1: Answers that show recognition and simple understanding of the key feature mentioned in the question.** **1-2**

Gives detail of the work of Dr. John Snow (individuals)  
 Gives detail of Public Health Acts (Government)  
*Chadwick, Snow, Octavia Hill, Booth, Rowntree, Lloyd George, Beveridge, Bevan*

e.g. Dr Snow discovered that bad water spread cholera.  
 e.g. The Romans build public baths and toilets or Governments passed Public Health Acts.

**Level 2: Answers that explain and show understanding in a broader context of the factor.** **3-4**

Greeks and staying healthy  
 Romans and the importance of stable government and peace  
 Middle ages and Black death/plague  
 19<sup>th</sup> century and Cholera  
 20<sup>th</sup> century and social reforms

Individuals 19<sup>th</sup> century – Snow, Chadwick, Octavia Hill  
 Individuals 20<sup>th</sup> century – Rowntree, Booth, Lloyd George, Beveridge, Bevan

e.g. Chadwick lived at a time when the cause of Cholera was unknown and people lost interest in it when the outbreaks stopped. However he still published a report called the Report on the Sanitary Conditions of the Labouring population of Great Britain in 1842. It was a landmark report and the government reacted to it in 1848 by passing the Public Health Act allowing local Health Boards to be set up to tackle Public Health problems. This was to lead to cleaner towns.

<b>(b)</b>	<ul style="list-style-type: none"> <li>• Government</li> <li>• Individuals</li> </ul>	<b>8</b>
Which of these factors contributed more to the improvement of Public Health?		
Explain your answer. Try to refer to both factors in your answer.		
<b>Target: Evaluation and understanding of the key features of the period (AO 1/2)</b>		
Candidates either submit no evidence or fail to address the question. <span style="float: right;"><b>0</b></span>		
<b>Level 1: Describes the work of Government or the individual <span style="float: right;">1-2</span></b>		
e.g. Dr Snow's research showed that the outbreak of Cholera was linked to the Broad Street pump.		
<b>Level 2: Answers that comment briefly on both factors in a simple comparison <span style="float: right;">3-5</span></b>		
e.g. Rowntree's survey showed the problems in York and said that they were not limited to there. This led to a reaction by The Liberal government to the report, who passed some reforms to help the poor.		
<b>OR</b>		
<b>Answers that consider one factor's contribution to the improvements in Public Health.</b>		
e.g. The Liberal Government passed a number of laws including Free School meals, medical inspections, pensions and national insurance. This would help the young, the old and those in work.		
<b>Level 3: Answers that explain and evaluate both factors' contribution to the improvements in public health. <span style="float: right;">6-8</span></b>		
Clearly evaluates the individual contributions of the two factors. May come to a conclusion that one factor was more significant than the other at certain times.		
e.g William Beveridge produced his Beveridge Report in 1942. It became a best seller. He argued that all people should be free from five things including want, disease and ignorance. When the war ended the new Labour government followed up these ideas and set up the National Health Service in 1948, passed an education act and built lots of new council houses. The individual and the government were both important in making this step forward in public health.		

**Question 3**

(a) Choose **one** of the epidemic diseases below.

- Black Death in the fourteenth century
  - Cholera in the nineteenth century
- 4**

What did people at the time think caused the epidemic?

**Target: Understanding of the key features of the period (AO 1)**

Candidates either submit no evidence or fail to address the question. **0**

**Level 1: Answers that show recognition and simple understanding of the key feature mentioned in the question. 1-2**

Black Death: Simple references to range of reasons; punishment by God, Star signs, Jews, Four Humours, Miasma.

Cholera : Simple references to the impact of the industrial revolution, overcrowding, miasmatic theory.

e.g. People did not understand why the Black Death came so they blamed almost anything. This included blaming the Jews, bad air, the position of the planets and even saw it as a punishment by God.

**Level 2: Answers that explain and show understanding in a broader context of the period. 3-4**

Black Death: Explains the four humours, Explains simple references to observation skills- symptoms such as “blockages”, basic understanding of weaknesses in Public Health, other physical causes such as volcanoes and earthquakes used to explain fear of the unknown. Emphasis on the fact that they did not understand the cause.

Cholera: Miasmatic theory explained, poor public health explained, references to the work of Dr John Snow.

e.g. Most people did not really know what caused Cholera but they lived in dirty, smelly over crowded conditions so they came up with the idea it was caused by the smell in the air. This was called the miasmatic theory. Improvements in Public Health followed after the work of Dr.Snow but they did not know its true cause until germ theory became fully established

- (b)
- Black Death in the fourteenth century
  - Cholera in the nineteenth century
- 8**

Which epidemic disease was more effectively dealt with at the time?

Explain your answer. Try to refer to both epidemic diseases in your answer.

**Target: Evaluation and understanding of the key features of the period (AO 1/2)**

Candidates either submit no evidence or fail to address the question. **0**

**Level 1: Describes the knowledge of Black Death and/or Cholera** **1-2**

Black Death: Suggests it just died out or returned in 1665-66 as the Plague

Cholera : Suggest that the growth in Public Health got rid of Cholera.

**Level 2: Answers that comment briefly on both periods in a simple comparison** **3-5**

Suggest that one returned for another 300 years whilst the other ended with fresh water supplies and sewerage disposal

**OR**

**Answers that consider one period in depth**

Black Death: Suggests that there was a simple understanding of the need to improve Public Health, but that neither the will or the technical experience or the finances were available at this time to improve Public Health.

Cholera: Gives detail of the work of Dr John Snow and suggest that his discovery was important. Could also suggest that the work of Edwin Chadwick was important in the writing of his report and the subsequent Public Health Acts of 1848 and 1875.

e.g. Cholera was dealt with quicker than the Black Death. Once Public Health Acts were passed and people got good fresh water the problem disappeared. The work of Snow and Chadwick and the Public Health Acts got rid of Cholera.

**Level 3: Answers that explain and evaluate both periods' contribution to the development of Public Health in a comparison that is detailed** **6-8**

Clearly evaluates both periods explaining the relative effectiveness of Public Health developments in both periods. May suggest that there was little progress in the time of the Black Death due to a range of factors including lack of knowledge, lack of central government, lack of specific skills in building cleaner towns. May suggest that some understood the link between poor public health and the disease and there were some attempts at Public Health such as cleaning the streets, signs outside houses to show where infection lay.

Links effectively to greater success in the 19<sup>th</sup> century such as the actions to remove the handle of the Broad Street pump (limited real effect), much more scientific approaches to the cause of Cholera, regulations introduced such as rules concerning the burial of victims, public reports, public health acts.

Top of level if candidate discusses the delays in reacting to Cholera led to further outbreaks and that only these further outbreaks and the discoveries of Pasteur – germ theory and the end of the beliefs in laissez-faire.



e.g. In the 19<sup>th</sup> century the government took action through the Public Health Acts which led to improved water supplies and better sewerage disposal. In both times the government did try to improve Public Health. In the nineteenth century they had other factors to help them including the discovery of germs and new treatments.

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**Question 4**

(a) Choose **one** of the nineteenth century developments below that affected the development of surgery:

- Anaesthetics
- Antiseptics

**4**

Describe the development you have chosen.

**Target: Understanding of the key features of the period (AO 1)**

Candidates either submit no evidence or fail to address the question.

**0**

**Level 1: Answers that show recognition and simple understanding of the key feature mentioned in the question.**

**1-2**

Answers will show simple recognition of **either** anaesthetics **or** antiseptics

e.g. Anaesthetics put you to sleep in operations; antiseptics stopped infections from spreading

**Level 2: Answers that explain and show understanding in a broader context of the period.** Answers will show knowledge of some distinctive features of **either** anaesthetics **or** antiseptics

**3-4**

Explains what anaesthetics did alongside knowledge of the impact of operating times on surgery. Sees antiseptics as a way of killing infections during and after surgery.

e.g. Anaesthetics were an important step forward in the search to overcome, pain, infection and blood loss in surgery. They allowed the patient to sleep which meant that the surgeon had a lot more time to operate. It made it less exciting to watch but also brought new problems. The longer the open wound was open to the air the more likely you were to get an infection. There was also the risk of blood loss too. The biggest problem was however, the effect of anaesthetics themselves. Patients died from overdoses of ether and chloroform or took too long to recover. Surgeons also tried operations which they did not have the skill to complete and the patients died anyway.

- (b)
  - Anaesthetics
  - Antiseptics8

Which of these developments faced more opposition at the time?

Explain your answer. Try to refer to both developments in your answer.

**Target: Evaluation and understanding of the key features of the period (AO 1/2)**

Candidates either submit no evidence or fail to address the question. 0

**Level 1: Describes the development of the use of anaesthetics and/or antiseptics** 1-2  
Describes in some detail how they were used in surgery in the nineteenth century.

**Level 2: Answers that comment briefly on opposition to both developments in a simple comparison** 3-5

Anything new faced opposition and when the methods failed then opposition grew, patients died from the anaesthetic and not all patients survived the operations without infections.

**OR**

**Answers that consider the opposition to one development in depth**

This will be more detailed; e.g. the range of anaesthetics, nitrous oxide, ether, chloroform and the problems associated with each one.

Opposition from surgeons to the use of antiseptic spray leading to a search for an aseptic solution, rubber gloves, sterilising of the instruments.

**Level 3: Answers that explain and evaluate both developments contribution to the development of surgery in a comparison that is detailed but focused on the level of opposition** 6-8

Suggest that both were opposed to a degree.

Anaesthetics opposed by suspicious patients, religious grounds, fear of side effects, fear of overdose.

Opposition to antiseptic use by unhappy doctors on side effects of Carbolic Acid spray, reduced but did not end infections.

Top of level may suggest that there was more opposition to anaesthetics especially during the "Black Period" in surgery than to antiseptics which were more successful reducing infection rates from about 50% to 15%

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**Question 5**

(a) Choose **one** of the Renaissance medical pioneers below:

- Andreas Vesalius
- Ambroise Paré

**4**

Describe the work of the medical pioneer you have chosen.

**Target: Understanding of the key features of the period (AO 1)**

Candidates either submit no evidence or fail to address the question.

**0**

**Level 1: Answers that show recognition and simple understanding of the key feature mentioned in the question.**

**1-2**

Answers will show simple recognition of **either** the work of Andreas Vesalius **or** Ambroise Pare

e.g. Andreas Vesalius wrote books on anatomy which were much more detailed and accurate.

e.g. Ambroise Pare found a less painful way of dealing with gunshot wounds

**Level 2: Answers that explain and show understanding in a broader context of the period.**

**3-4**

Answers will show knowledge of some distinctive features of **either** Vesalius as an anatomist **or** the practical theories develop on the battlefield by Ambroise Pare. (May make linked references to both as published medical men.)

e.g. Vesalius wrote his book, The Fabric of the Human Body. It was based on accurate observations leading to carefully annotated drawings. He also did demonstrations to show people exactly how he knew the things he did about the human body. In publishing his book, he set new higher standards for medical books too. The drawings were so detailed unlike those produced much earlier. Vesalius himself spent months with the publisher to make sure the drawing were accurately reproduced.

- (b)
  - Andreas Vesalius
  - Ambroise Paré**8**
- Which of these medical figures contributed more to medical progress during the Renaissance?
- Explain your answer. Try to refer to both factors in your answer.
- Target: Evaluation and understanding of the key features of the period (AO 1/2)**
- Candidates either submit no evidence or fail to address the question. **0**
- Level 1: Describes the work of Ambroise Paré and/or Vesalius** **1-2**
- Paré was an army surgeon and he saved lives.  
Vesalius was an anatomist. He showed others more about the workings of the human body.
- Level 2: Answers that comment briefly on both men in a simple comparison** **3-5**
- Both of them produced books. Both were important  
**OR**  
**Answers that consider one man's contribution to the development of medicine in depth**
- Vesalius. Book. Fabric of the Human Body, accurate observations leading to carefully annotated drawings, publication of his book, proving Galen wrong on transfer of blood through the septum, setting standards of medical research.
- Pare ; army surgeon, lots of practice, experience of amputations, tying off ligatures, use of mixture of egg yolk, oil of rose and turpentine, false limbs and rose to be the doctor for the French King and must therefore be important
- Level 3: Answers that explain and evaluate both men's contribution to the development of medicine in a comparison that is detailed** **6-8**
- e.g. Both men were very important in their own right and both were accepted by most of the medical profession at the time. In publishing his book, proving Galen wrong on transfer of blood through the septum, Vesalius set new high standards of medical research which encouraged others to investigate anatomy and depend much less on the work of Galen or the Muslim surgeons. Vesalius was held in higher esteem than Pare. Pare had started as an army surgeon on the battlefield. Both books may have been influential at the time but the longer term impact was probably the book by Vesalius. However Pare was more important in some ways as he managed to save lives.

### Converting marks into UMS marks

Convert raw marks into marks on the Uniform Mark Scale (UMS) by using the link below.

**UMS conversion calculator:** [www.aqa.org.uk/umsconversion](http://www.aqa.org.uk/umsconversion)