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**General Certificate of Secondary Education
June 2010**

GCSE History A 40404A

Unit 4 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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GENERAL CERTIFICATE OF SECONDARY EDUCATION

HISTORY SPECIFICATION A

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"> • key concepts: causation, consequence, continuity, change and significance within an historical context • key features and characteristics of the periods studied and the relationship between them 	30
AO3	Understand, analyse and evaluate: <ul style="list-style-type: none"> • a range of source material as part of an historical enquiry • how aspects of the past have been interpreted and represented in different ways as part of an historical enquiry 	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.

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.

- **The Final Mark Scheme**

The final mark scheme will be decided at the standardising meeting after full discussion of both the mark scheme and the scripts selected by the Principal Examiner for marking at the standardising meeting. At all stages, care will be taken to ensure that all candidates are treated fairly and rewarded for their positive achievements on the paper.

- **Post Standardising Meeting**

After the examiners' standardising meeting, examiners may encounter answers which do not fit the agreed mark scheme but which are worthy of credit. These should be discussed with the Team Leader over the telephone. Such answers should be assessed 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 mark scheme, it must be awarded a corresponding mark, with a brief note provided on the script to explain why.

Unit 1 Option A: Medicine Through Time

Section A Surgery

Question 1

- (1a)** What does **Source A** suggest about surgical knowledge in the late eighteenth century? Explain your answer using **Source A** and **your knowledge**. **4**
- 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 surgical knowledge 1**
 e.g. the picture shows a lot of people holding on to the patient in the middle.
- Level 2: Answers that draw an informed inference based on the source and/or own knowledge 2-3**
 e.g. It was not very good, they had no painkillers so they had to hold onto the patient.
- Level 3: Answers that develop a complex, informed inference based on the source and/or own knowledge 4**
 e.g. they had to hold onto him to stop him wriggling around. Without pain killers the surgeon expected him to move and had to keep him still to amputate the leg properly. Operating quickly would keep the loss of blood to the minimum.

- (1b)** What different surgical knowledge is suggested by **Source B**?? **6**
 Explain your answer using **Sources A** and **B** and **your knowledge**.
- Target: Knowledge and understanding applied to comprehend and draw inferences from two historical sources (AO 1/2/3)**
- Candidates either submit no evidence or fail to address the question** **0**
- Level 1: Answers that select details from Source B** **1-2**
 e.g. Source B shows the doctors standing around looking.
- Level 2: Answers that provide a simple comparison based on the details of both sources** **3-4**
 e.g. They wear ordinary clothes in A and gowns in B.
- OR**
- Answers that may use both sources but provide an informed inference from one**
 e.g. In Source A they just cut off the leg but in B they have much more knowledge, they can knock the patient out so they feel no pain. The doctors are skilled and can take time to learn new things.
- Level 3: Answers that develop an understanding or draw informed inferences about knowledge based on the details of both sources** **5-6**
 e.g. in Source A the impression is that surgery is quick, crude and savage. The surgeons look funny and just want to get the job done - cutting off the leg and they have rough tools. But in Source B and they look after their delicate tools and keep the patient unconscious. Surgery is a science and a skill whereas in A it is only really a skill.

(1c)	<p>Why was surgical knowledge different at these times? Explain your answer using Sources A and B and your knowledge.</p>	8
	<p>Target: Explanation and understanding of the different ideas and attitudes and how they might change over time (AO 1/2/3)</p> <p>Candidates either submit no evidence or fail to address the question</p>	0
	<p>Level 1: Answers that select details from sources</p> <p>OR</p> <p>Answers that say how the sources are different e.g. they are different because A is from the late eighteenth century and B is from the nineteenth century.</p> <p>The answer demonstrates simple understanding of the rules of spelling, punctuation and grammar. It is generally coherent but basic in development.</p>	1-2
	<p>Level 2: Answers showing simple reasoning about the differences based on changes over time in knowledge and capabilities, place or author</p> <p>e.g. Source A was painted before they had anaesthetics and antiseptics. But in Source B they knew about Germ theory because of the work of Pasteur and they can use antiseptics which had been discovered.</p> <p>The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is reasonably well organised and presented in a clear and effective manner.</p>	3-5
	<p>Level 3: Answers showing developed reasoning about the differences based on changes over time in knowledge and capabilities, place or author.</p> <p>e.g. The development of Chemistry in the nineteenth century meant that new chemicals could be used to anaesthetise the patient. The two doctors at the end of the operating table are using ether or chloroform. The understanding of germ theory meant that the instruments and equipment and doctors' hands can all be made germ free. So they did not need to do so many amputations because they did not need to amputate above the infection they could keep things clean. There was much to be learned from men like Billroth and he is teaching his new techniques to the doctors. Their clothes are specially cleaned but in Source A ordinary street clothes can be worn. Germ theory helped explain hospital sickness. The industrial revolution invented new materials. It is before the use of rubber gloves from 1889.</p> <p>The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is well organised with an appropriate form and style of writing. Some specialist vocabulary is used.</p>	6-8

<p>(1d) Study Source C. It shows modern surgery. Throughout history surgical knowledge has increased at different times for different reasons. Why was this? Explain your answer using Sources A, B and C and your knowledge.</p>	<p>8</p>
<p>Target: An understanding and evaluation of causation (AO 1/2/3)</p>	
<p>Candidates either submit no evidence or fail to address the question</p>	
<p>Level 1: Answers that provide general statements, describe single factor(s) or factual details about surgical knowledge e.g. in prehistoric times people found things out through trial and error. They knew it worked because the patient got better or did not die.</p> <p>The answer demonstrates simple understanding of the rules of spelling, punctuation and grammar. It is generally coherent but basic in development.</p>	<p>1-2</p>
<p>Level 2: Answers that comment briefly on several factors, to do with improvement in surgical knowledge e.g. Surgery got better in the thirteenth century because of individuals like Hugh and Theodoric of Lucca who used wine as a disinfectant. Chauillac pioneered dissection in the fourteenth century. Chemistry had a big influence in the nineteenth century. Printing helped when doctors could see the findings of people like Vesalius. There is a lot of technology in Source C.</p> <p>The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is reasonably well organised and presented in a clear and effective manner.</p>	<p>3-4</p>
<p>Level 3: Answers that recognise and explain several factors to do with improvement in surgical knowledge in specific detail e.g. Surgery improved at different times for different reasons. This is true. Surgery got better in the thirteenth century because of individuals like Hugh and Theodoric of Lucca who used wine as a disinfectant. Chauillac pioneered dissection in the fourteenth century. Lister was another important person who applied Pasteur's ideas and used Carbolic acid. So throughout history brilliant people make a difference. Sometimes it is other Scientists like Pasteur and biology that has an effect on surgery. Pasteur's germ theory was sent to Lister by the Prof. of Chemistry at Glasgow – Thomas Anderson, then Lister realised its importance and asked for a germ killing substance which Anderson suggested. Chemistry had a big influence in the nineteenth century because it was supplied new substances and Physics allowed X rays to see through the body. Sometimes it is technology like printing that allowed many people to see Vesalius's discoveries about the human body or the development of plastics that allow operations like those in Source C...</p> <ul style="list-style-type: none"> • Individual • Science and technology • Chemistry • Government • War • Chance • Communication 	<p>5-6</p>

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is well organised with an appropriate form and style of writing. Some specialist vocabulary is used.

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 **7-8**

e.g. Progress was made most in the nineteenth century because the changes in the Sciences allowed brilliant individuals to have ideas that they could prove to people were right. That they could prove it meant that the opposition from those who want to keep the old ways was overcome and that communicated through books and conferences. It was the same for Vesalius who proved things from dissection and showed how the old ways had got it wrong. In order for change to happen several factors have to be right.

The answer demonstrates highly developed/ complex understanding of the rules of spelling, punctuation and grammar. It is well structured, with an appropriate form and style of writing. Specialist vocabulary is used effectively.

Section B Disease and Infection

Question 2

(2a) Choose **one** of the religions below that affected the development of medicine in the Middle Ages:

- Christianity
- Islam

Describe the influence of the religion you have chosen on medical development in the Middle Ages.

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**

Answers will show simple recognition of **either** Christianity **or** Islam
 e.g. Christianity wanted you to follow Christ's example and care for the sick.

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** Christianity **or** Islam
 e.g. Islam produced many improvements in treatments based on new drugs. This was due to Muslim interest in alchemy. They produced text books like the 'Canon of Medicine' by Avicenna (or Ibn Sina).

- (2b) • Christianity **8**
 • Islam

Which of these religions contributed more to the fight against disease and infection in the Middle Ages?

Explain your answer. Try to refer to both religions.

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 influence of either Christianity or Islam 1-2

e.g. Christianity was often against medical science. St Bernard said, 'to buy drugs or to consult physicians doesn't fit with religion'.

The answer demonstrates simple understanding of the rules of spelling, punctuation and grammar. It is generally coherent but basic in development.

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

e.g. Christianity was often against medical science. St Bernard said, 'to buy drugs or to consult physicians doesn't fit with religion'. Whereas Islam forbade dissection like Christianity but translated Galen and Hippocrates. They helped by carrying on the old knowledge of the Greeks and Romans.

OR

Answers that consider one religion's contribution to the development of medicine in depth

e.g. Islam allowed medical progress through the work of Rhazes who identified the differences between smallpox and measles. They built hospitals and developed new drugs to cure illness. They also gained the knowledge of the Indians. Baghdad was a centre for ideas about medicine and treatments. The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is reasonably well organised and presented in a clear and effective manner.

Level 3: Answers that explain and evaluate both religions' contribution to the development of medicine in a comparison that is detailed 6-8

e.g. Islam allowed medical progress through the work of Rhazes, Ibn Sina and Ibn an-Nafis. Rhazes identified the differences between smallpox and measles in about 900 AD. The Muslims built hospitals and developed new drugs and chemicals to cure illness. Through alchemy the forerunner of chemistry they purified drugs such as alcohol and recognised its powerful effect on the body. They found naphtha, senna and camphor and laudanum. Ibn Sina listed over 760 new drugs. They also gained the knowledge of the Indians. Baghdad was a centre for ideas about medicine and treatments. When siting a new hospital there Rhazes used rotting meat to find the healthiest places. Christianity on the other hand focused on care not cure. The Catholic church exerted a powerful influence on the training of doctors and nothing could challenge church teaching. Many hospitals had more chaplains than doctors. Top of level candidates covers positive and negative contributions by Christianity/Islam.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is well organised with an appropriate form and style of writing. Some specialist vocabulary is used.

OR

Section B Disease and Infection

Question 3

(3a) Choose **one** of the medical pioneers below: **4**

- Edward Jenner
- Alexander Fleming

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 pioneers mentioned in the question. **1-2**

Answers will show simple recognition of **either** Jenner **or** Fleming.
e.g. Jenner found a way of preventing people dying from smallpox.

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** Jenner **or** Fleming
e.g. Fleming recognised that on a culture plate of germs something was causing them to die. This observation was an amazing insight. He examined the mould which seemed to kill the germs and identified the substance as penicillin; this was the beginnings of antibiotics.

- (3b) • Edward Jenner
 • Alexander Fleming 8

Which of these medical pioneers contributed more to the fight against infectious diseases?

Explain your answer. Try to refer to both medical pioneers.

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 either Jenner or Fleming 1-2
e.g. Jenner helped many people avoid the deadly disease of smallpox. He did experiments on a small boy, James Phipps, giving him first cowpox then small pox.

The answer demonstrates simple understanding of the rules of spelling, punctuation and grammar. It is generally coherent but basic in development.

Level 2: Answers that comment briefly on both pioneers in a simple comparison 3-5
e.g. Jenner found a cure for smallpox and Fleming found a cure for bacterial infections – Penicillin.

OR

Answers that consider one pioneer's contribution to the development of medicine in depth

e.g. Jenner gave an example of how to fight disease with another disease. Although he did not know why it worked it did. Fleming abandoned his work on penicillin. Jenner noted cowpox prevented milk maids from getting smallpox and used this to make a cure. He saved people from death and terrible mutilation. Other people like Pasteur worked out and showed why it worked.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is reasonably well organised and presented in a clear and effective manner.

Level 3: Answers that explain and evaluate both pioneers' contribution to the development of medicine in a comparison that is detailed 6-8

e.g. Fleming had the insight in 1928 into why the germs on the Petri dish were dying but he lacked the vision to see where the discovery could go. He made the wrong conclusion about the properties of penicillin in glass and in contact with blood. Fleming did not deserve the credit for making penicillin a viable, mass-produced drug. The real science was done by Florey and Chain in 1938 and beyond. Jenner on the other hand knew he had an important cure but did not know why. That did not matter. His work actually cured people of this dreadful disease. It does not matter that he did not know why it worked. Jenner did some science in 1796 which would be illegal today experimenting on a real patient – James Phipps. Top of level for a balanced view of one pioneer's contribution evaluated against the other.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is well organised with an appropriate form and style of writing. Some specialist vocabulary is used.

Section C Public Health

Question 4

(4a) Choose **one** of the historical periods below:

- The Roman Period
- The Middle Ages

What were the attitudes to Public Health at that time?

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

Answers will show simple recognition of **either** the Roman period **or** the Middle Ages

e.g. In Ancient Rome they had public baths and liked them.

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 public health **either** the Roman Empire **or** the Middle Ages.

e.g. In the Middle Ages people did not like bad smells. They had poor public health because they threw rubbish out into the street. Although they passed laws to make towns healthy they did not enforce the laws properly.

(4b)

- The Roman period
- The Middle Ages

8

In which of these periods was public health better?

Explain your answer. Try to refer to both periods.

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 public health of the Roman period or Middle Ages 1-2
 e.g. In the Roman empire they knew to build in healthy places, avoiding swamps. They like to keep clean going to the baths was cheap.

The answer demonstrates simple understanding of the rules of spelling, punctuation and grammar. It is generally coherent but basic in development.

Level 2: Answers that comment briefly on both periods in a simple comparison 3-5
 e.g. In Ancient Rome a large number of people could have clean water and access to baths cheaply. However in the medieval town the attitudes to health and hygiene were very poor; they threw waste onto the streets and contaminated their drinking water.

OR

Answers that consider one period in depth

e.g. The Middle Ages was a period of public health contrasts. In the towns where people gathered together they had poor public health. They used rivers as sources of fresh water for drinking and cooking as well as a way of removing waste from the centre of the town. No wonder they got the Black Death in 1347-9. Epidemic disease like this was endemic and therefore they were very unhealthy. However in the more isolated communities of the monasteries and abbeys they had built good water supplies and followed clean routines such as washing hands and changing underwear regularly. They were probably spared the plague not because of God but because they were isolated, self contained communities who did not have a lot of contact with other people.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is reasonably well organised and presented in a clear and effective manner.

Level 3: Answers that explain and evaluate both periods' contribution to the health of the people at the time in a comparison that is detailed 6-8

e.g. There were healthy people in both times. But the Middle Ages had epidemics like the Black Death that wiped out nearly half the population of Europe. These must have been the unhealthiest times. However if you lived in an isolated village, monasteries or abbey as many people did you could escape it. In Roman times the government spread the facilities wherever they

went so they helped a lot of people in western Europe have good health....
Top of level for balanced view of Roman/medieval public health evaluated against the other period.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is well organised with an appropriate form and style of writing. Some specialist vocabulary is used.

Section C Public Health

Question 5

(5a) Choose **one** of the public health developments below;

- The Liberal Social Reforms, 1906-1914
- The National Health Service, 1948

Describe the development you have chosen.

(5a)		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. Answers will show simple recognition of either Liberal Social Reforms or NHS e.g. The Old Age Pensions Act in 1908 meant old people did not have to work until they died.	1-2
Level 2:	Answers that explain and show understanding in a broader context of the period. Answers will show knowledge of some distinctive features of the achievements or methods of either Liberal Social Reforms or NHS. e.g. The Liberal Social Reforms brought in a number of measures to protect vulnerable people such as the old, the sick, the unemployed, children, and mothers. It clearly acknowledged that people could have bad luck or misfortune and suffer though no fault of their own and it was best for the state to try to prevent illness because in the long run this was more efficient.	3-4

(5b)**8**

- The Liberal Social Reforms, 1906–1914
- The National Health Service, 1948

Which of these developments contributed more to improved public health in the twentieth century?

Explain your answer. Try to refer to both developments.

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 Liberal Social Reforms or NHS 1-2
e.g. The Health Insurance Act, 1911 helped workers with money when they were out of work.

The answer demonstrates simple understanding of the rules of spelling, punctuation and grammar. It is generally coherent but basic in development.

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

e.g. The Liberal Social Reforms tried to prevent illness whereas the NHS did more to provide cures for people. The Liberal Social Reforms tried to be self financing. With the NHS, however, people stored up illnesses and reasons to get help, so very soon the NHS could not afford all the claims on it and charges had to be made.

OR

Answers that consider one development's contribution to the improvement of public health in the twentieth century in depth

e.g. The Liberal Social Reforms recognised the need for 'national efficiency'. It had a big impact on the weakest and poorest in society but it did not allow for hospital care. Education changes brought longer term change as young mothers learned how to care for and feed babies therefore making people fitter from birth. The Schools Meals Act 1906 improved the health of many poorer children. Healthier people could support themselves for longer. These were preventative measures.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is reasonably well organised and presented in a clear and effective manner.

Level 3: Answers that explain and evaluate both developments' contribution to the improvement of public health in the twentieth century in a comparison that is detailed 6-8

e.g. The Liberal Social Reforms recognised the need for 'national efficiency' and the improvement of the work force. It helped the Liberals head off the electoral challenge of the Labour Party. It had a big impact on the weakest and poorest in society but it did not allow for hospital care. Education changes brought longer term change as young mothers learned how to care for and feed babies therefore making people fitter from birth. The Schools

Meals Act 1906 improved the health of many poorer children. Healthier people could support themselves for longer. These were preventative measures. The NHS did more to provide cures for people. With the NHS, however, people stored up illnesses and reasons to get help, so very soon the NHS could not afford all the claims on it and charges had to be made in 1950. The NHS was very ambitious and governments have been battling the cost of 'free' health care 'from the cradle to the grave' ever since. The two developments together have greatly improved health. The NHS will never be able to pay for everyone to have the very latest treatment every time.

Top of level for balanced evaluation of Liberal Reforms/NHS when evaluated against the other.

The answer demonstrates developed understanding of the rules of spelling, punctuation and grammar. It is well organised with an appropriate form and style of writing. Some specialist vocabulary is used.