



General Certificate of Secondary Education

History 3041/6 *Specification A*

Paper 1 Medicine and Public Health **Through Time**

Mark Scheme

2007 examination - June series

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.

Further copies of this Mark Scheme are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2007 AQA and its licensors. All rights reserved.

COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

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.

- **The Assessment Objectives**

The revised specifications have addressed 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. For this reason, assessment objective 6.1 (recall, select and deploy knowledge) underpins candidate attainment in the other two objectives, 6.2 and 6.3.

The schemes of marking for the revised specifications reflect these underlying principles.

- **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 **mid-range within the level**, where that level covers more than two marks. If the range covers an even number of marks, start at the higher mark, e.g. start at 3 in a 4-mark range, or at 2 in a 2-mark range. Comparison with other candidates' responses **to the same question** might then suggest that such an award would be unduly generous or severe.

In making decisions away from the middle of 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.

Move up or down from this mid-range mark by considering 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 **written communication skills** (see Section D).

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.

It is very important that Assistant Examiners **do not** start at the lowest mark within the level and look for reasons to increase the level of reward from that lowest point.

This will depress marks for the question paper as a whole and will cause problems of comparability with other question papers within the same specification or with those of other specifications.

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: QUALITY OF WRITTEN COMMUNICATION SKILLS

There is no longer a separate mark to be awarded to the candidate for accurate spelling, punctuation and grammar. Instead, as outlined in Section C above, the candidate's quality of written communication skills will be one of the factors influencing the actual mark within a level of response the examiner will award an answer – particularly a more extended one. In reading an extended response the examiner should therefore consider if it is cogently and coherently written, i.e. is the answer:

- **presenting relevant information in a form that suits the purpose**
- **legible, with accurate spelling, punctuation and grammar**
- **in an appropriate style with a suitable structure?**

E: 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.

F: THE PRE-STANDARDISING AND STANDARDISING MEETING

- **The review of the mark scheme between the examination and standardising meeting**

After the examination but before the main Standardising Meeting, the Principal Examiner and the Team Leaders will have met to discuss the mark scheme in the light of candidates’ actual responses and re-draft where necessary. The re-draft of the mark scheme will be made available to Assistant Examiners at the Standardising Meeting. Through this *post-hoc review procedure* the marks will have been allocated in the expectation that candidates will achieve all the levels identified and no others. Adjustments will have been made to cater for candidates reaching higher levels than those provided for, to remove marks allocated to levels which candidates have not reached, or to enhance discrimination in cases where large numbers of candidates are bunched at the same level.

- **Prior Marking**

It is important that all examiners scrutinise at least 25 scripts before the main standardising meeting and note such things as: alternative interpretations of questions made by candidates; answers which do not fit into the mark scheme; levels which are not reached by the candidates; additional levels which have not been included in the mark scheme, etc. To familiarise themselves with a variety of responses, examiners should sample the range of questions, scripts from several centres and across the full range of ability in so far as practicable. Any preliminary marking **must** be completed in pencil and reviewed following the standardising meeting in the light of the revised mark scheme and advice given.

- **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.

Paper 1

Question 1

- (a) What does **Source A** suggest about surgery around 1800? **5**
- Target: Analysing an historical source (AO 6.2)**
- Level 1: Answer that selects detail** **1-2**
e.g. it took many surgeons to carry out an amputation.
- OR**
- Answer that makes generalised statements about cartoons/sources**
e.g. it tells us nothing because cartoons aren't meant to be true.
- Level 2: Answer that draws a simple inference from the source** **3-4**
e.g. the artist suggests there are no special arrangements for the operation.
The surgeons are all wearing their ordinary clothes.
e.g. surgery was painful because the patient appears conscious.
- Level 3: Answer that develops a complex inference from the source** **5**
e.g. Source A suggests that operations like this were for the benefit of surgeons who want to make money, as there are so many of them, rather than for the patient. The skeletons suggest he is likely to die after the operation.
- OR**
- Answer that makes particular statements about this cartoon to evaluate it as evidence**
e.g. the artist has exaggerated the scene to make fun of the surgeons because he has drawn so many and some of them are shown as being short-sighted so they can't really see what they are doing. It is obviously a cartoon criticising surgery before 1800 and so it makes suggestions about the poor quality of the surgeons rather than what happens in surgery itself.

-
- (b)** How much can you learn from **Source B** about the development of anaesthetics in the nineteenth century? **6**
 Explain your answer using the evidence in **Source B** and **your own knowledge**.
- Target: Analysing the sufficiency of a source in context (AO 6.1 and AO 6.2)**
- Level 1: Answer that describes the content or makes simple inferences** **1-2**
 e.g. I can learn that chloroform was more effective than ether.
- Level 2: Decision supported by simple reasoning** **3-4**
 Such answers might make brief comments to evaluate the letter and/or might use own knowledge to put the letter into the wider context of the use of anaesthetics in Britain and/or make undeveloped complex inferences. They might consider the tone/detail of the letter; its bias towards chloroform; its use limited to dentistry; the motives of Simpson as the writer; the omission of the dangers of chloroform.
 e.g. Source B shows that chloroform was much better than ether because the patient didn't feel anything and recovered more quickly. Yet it is only one example and doesn't show how widespread this method was.
- Level 3: Decision supported by developed reasoning** **5-6**
 Such answers will develop an argument based on the sufficiency in terms of content/provenance/bias/generability/date, etc.
 e.g. Source B does show how dentists were early users of anaesthetics to stop pain safely, as their operations were only minor compared to other forms of surgery. This dentist obviously thought chloroform was better than ether and Simpson has used the letter to publicise the use of chloroform, which he discovered. You'd expect him to praise his own discovery, but there is no mention of opposition or the dangers. Hannah Greener was given too much chloroform for a small operation on a toe and she died. Source B is biased towards the use of chloroform, so it doesn't give the whole picture.
- In the assessment grid, 2 out of 6 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for historical knowledge in each of Levels 2 and 3.
-

-
- (c) **Source C** suggests that Joseph Lister's work led to great progress in surgery. **9**
Source D suggests it did not.
 Why do you think these two interpretations disagree about the importance of Joseph Lister?
 Explain your answer using **Sources C** and **D** and your own knowledge.
- Target: Explaining differences between two interpretations (AO6.1 and A06.3)**
- Level 1: Answer that describes the content** **1-3**
 e.g. Source C says that Lister was the greatest person who has lived because his antiseptic methods reduced suffering and ill health. Source D says that deaths after Lister had operated on the patients were more than those in hospitals using the general methods of disinfectant.
- Level 2: Answers based on simple reasoning for the disagreement** **4-6**
 e.g. these sources disagree because the author of Source C had been a friend of Lister/was celebrating the centenary of his birthday. The author of Source D is an historian who had had time to check the facts, for example the death rates.
- Level 3: Answer based on developed reasoning for the disagreement** **7-9**
 Such answers might develop an argument based on the motives of the authors and/or own knowledge to consider the bases on which the authors made their claims.
 e.g. the successful treatment of 11 years old James Greenlees by Lister in Glasgow/the problems of carbolic acid in the operating theatre/the introduction of aseptic methods at the end of the century.
- In the assessment grid, 2 out of 9 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for historical knowledge in each of Levels 2 and 3.
-

- (d) How safe had surgery become by the end of the nineteenth century? 15
 You should use the evidence in **Sources A – D and your own knowledge** to answer this question.
- Target: Using the sources and own knowledge to analyse a key feature (AO 6.1 and AO 6.2/6.3)**
- Level 1: Simple answer that extracts information from the source(s) and/or provides general or simple statements from own knowledge to reach a decision** 1-3
 e.g. surgery became safer because Source B tells us that anaesthetics were used to overcome pain.
 e.g. surgery was still not safe because successful blood transfusions had not yet been discovered.
 N.B. Mark at top of level answers which use source(s) and own knowledge in making the simple statements.
- Level 2: Answer that develops an argument using the source(s) or own knowledge to reach a decision.** 4-8
 e.g. if you compare the operation shown in Source A, where there are no anaesthetics or antiseptics, with the removal of pain explained in Source B, and the increased chances of surviving by the use of antiseptics in source C and D, then it's obvious surgery became much safer.
 e.g. surgery did become safer in the nineteenth century, even though people were experimenting with anaesthetics before 1800, for example Humphrey Davy was using nitrous oxide to make patients unconscious. By the end of the century, anaesthetics and antiseptics were widely used and in the USA Halsted was developing aseptic surgery. However, surgery was still not that safe because blood groups were not discovered until 1901, so patients could still die from blood loss as transfusions were still likely to end in failure.
 N.B: Standard mark is 6.
 NNB: Mark at the top of the level answers which are balanced regarding 'safe'.
- Level 3: Answer that develops an argument using the source(s) and own knowledge to reach a decision** 9-12
 e.g. both Level 2 examples in the same answer.
 N.B. Standard mark is **10**.
- Level 4: As Level 3 but with an explicit supported judgement** 13-15
 Such answers might evaluate the sources as evidence before reaching a decision and/or explicitly explain a balanced decision on how far surgery was safer.
 N.B: In Levels 3 and 4 mark at the bottom of the level answers which have developed on one side only (sources or own knowledge).
 N.N.B: In the assessment grid, 8 out of 15 marks are allocated to Objectives 6.2/6.3.
 This is reflected in the mark scheme with credit given for the use of the sources and interpretations provided in the question.

Question 2

(a) What does **Source E** tell you about the work of Rhazes (Al-Razi)? **3**

Target: Comprehension and inference from an historical source (AO 6.2)

Level 1: Answer that selects detail **1-3**
e.g. he criticised Galen. He thought he was his pupil. He pointed out what was wrong in Galen. He thought Galen had chosen him to do the work.
1 mark for each valid detail described.

Level 2: Answer that draws a simple inference from the source **3**
e.g. he believed his purpose was to improve on Galen/investigate for himself.

- (b)** By AD500 the Roman Empire had fallen. **12**
 Why was there more progress in medicine in the Islamic Empire than in Christian Europe between AD500 and AD1000?
 Support your answer with reasons and examples.
- Target: Comparing the key characteristics of medicine in two societies (A0 6.1)**
- Level 1: Generalised answer** **1-3**
 e.g. the Islamic Empire had good doctors who studied diseases carefully.
 Mark here answers which use Source E only.
- Level 2: Answer that describes some of the features of medicine in Europe and/or the Islamic Empire.** **4-6**
 Such answers do not attempt to explain 'progress', although there might be an assertion about it.
 e.g. in Europe the works of Hippocrates/Galen were lost; Christian Church banned dissection; people put more emphasis on the supernatural. In the Islamic empire the works of Hippocrates/Galen were kept alive; famous doctors made important discoveries (Rhazes.[Al-Razi], Avicenna (Ibn Sina), Ibn al-Nafis; development of hospitals.
 Mark at the bottom of the level answers which describe Europe or the Islamic empire.
- OR**
- Answer that develops a single reason**
 e.g. when the Roman Empire fell there was regress in Europe. Many libraries were destroyed, so the works of Hippocrates and Galen were lost and so people lost knowledge of natural medicine and relied more on supernatural cures for illness.
 e.g. in the East there was medical progress. The works of Hippocrates and Galen had been translated into Arabic, so the doctors there could continue to develop their knowledge by referring to these writings and developing the ideas in them. So progress was made in the Islamic Empire.
- Level 3: Answer that develops a number of reasons to make a comparison** **7-9**
 e.g. both second Level 2 examples in the same answer.
- Level 4: As Level 3 but with an explicit supported judgement** **10-12**
 Such answers will emerge from Level 3 answers and might e.g. identify a major reason (preservation of ancient writings, lack of contact between the two societies, the different impact of the different religions).

Question 3

3

(a) What does **Source F** tell you about the work of Alexander Fleming?

Target: Comprehension and inference from an historical source (AO 6.2)

Level 1: Answer that selects detail

1-3

e.g. Fleming had to tidy his laboratory; he was researching into staphylococcus; he had a life-long interest in bacteria; he noticed mould had killed the bacteria; he discovered penicillin by chance.

1 mark for each valid detail described.

Level 2: Answer that draws a simple inference from the source

3

e.g. Fleming was clever enough to use the unexpected results of his experiments.

-
- (b)** Chance was a factor in the development of penicillin. **12**
 Was chance the only factor which brought about medical development?
 You may write about penicillin or any other medical development where chance played a part.
- Target: Comparing the importance of key factors in medicine (AO 6.1)**
- Level 1: Generalised or simple answer** **1-3**
 e.g. no. You need other factors such as individual brilliance to make use of the chance factors.
 Mark here answers which use Source F only.
- Level 2: Answer that agrees and considers the role of chance in the chosen discovery** **4-6**
 Such answers might consider the role of chance in discoveries by Paré in 16th century (gunshot wounds in wartime), Pasteur and Chamberland in 19th century (chicken cholera), Fleming in 20th Century (pencillin). This latter must include knowledge beyond that in Source F for Level 2.
 N.B. Jenner and smallpox is only a valid example if answers discuss how he happened to live in an area where cowpox was common. Simpson is not a valid example.
- Level 3: Answer that disagrees and also considers the role of other factors** **7-9**
 e.g. Paré (war), Pasteur and Chamberland and Fleming (scientific method), individual brilliance of all.
 These answers cannot totally ignore chance as a factor. If they do they are not answering the question and do not score any marks.
- Level 4: As Level 3 but with an explicit supported judgement** **10-12**
 These answers might explicitly show how the factors were not of equal importance, or were interlinked in order to bring about the discovery.
-

Question 4

- (a) What can you learn from **Source G** about public health facilities in Roman Britain? **5**
Explain your answer using the evidence in **Source G and your own knowledge.**

Target: Analysing a representation in context (AO 6.1 and AO6.3)

Level 1: Answer that selects detail from the source **1**
e.g. it shows people used the lavatories.

Level 2: Answer that draws a simple inference from the source **2-3**
e.g. this lavatory is well-built with flowing water so the government must have thought public health was important to spend so much money on it.

Level 3: Answer that develops a complex inference from the source **4-5**
e.g. lavatories like this were important because the government spent money to build them properly but there were other facilities which also show public health was important. Baths were places for people to meet as well as bathe. In Wroxeter they were built in the centre of the town because they were so important.

In the assessment grid, 2 out of 5 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for own knowledge in each of Levels 2 and 3.

(b) Explain **two** reasons why lavatories and other public health facilities were built in Roman Britain **4+4**

Target: Understanding people's motives (AO6.1)

Level 1: Generalised answer **1-2**
 e.g. to keep the population healthy.

Level 2: Simple answer **3**
 e.g. people did not trust doctors; lavatories, etc. were designed to keep people healthy; to make Britain feel part of the Roman empire; to keep away bad smells; to keep a fit army.

Level 3: Developed answer **4**
 e.g. it was important that the Roman army in Britain remained fit to fight against native tribes. Many bath houses and latrines were built to keep the army healthy, as people linked bad smells to illness and so people tried to avoid them.

N.B. Mark scheme to be applied twice.

-
- (c) The Black Death broke out in 1348-1349, nearly a thousand years after the end of Roman Britain. It killed about half the population of Britain. Does this mean that people did not care about public health in the later Middle Ages as much as they had cared about it in Roman times? Support your answer with reasons and examples. **12**
- Target: Comparing key features of two periods (AO6.1)**
- Level 1: Generalised answer** **1-3**
 e.g. yes. If people had carried on like the Romans their lives would have been cleaner and the Black Death might not have killed so many people.
- Level 2: Answer that agrees by describing public health facilities in Roman times and/or describing those in the later Middle Ages.** **4-6**
 e.g. the government of Roman Britain spent a lot of money on providing baths, lavatories, aqueducts and pipes to bring in clean water to the towns and cities and then sewers to take away the waste. The government in 1348-1349 did not spend money on public health so people lived in unhealthy conditions. This shows they no longer cared.
 Mark at the top of the level answers which describe both.
- Level 3: Answer that contests the statement by considering other reasons for poor public health by 1348-49** **7-9**
 e.g. it doesn't mean people did not care about public health. The governments had more important things to do like fight wars, so money was not spent on public health. However, near the time of the Black Death the government of London passed laws to make people clear away human filth from the streets so they did care about public health, but they didn't know the Black Death was spread by rats. Many people thought it was punishment from God.
- Level 4: As Level 3 but with an explicit supported judgement** **10-12**
 Such answers will emerge from Level 3 and might explicitly compare the two periods to contest the statement.
 e.g. as Level 3 example with the conclusion "so they didn't do anything practical to stop the Black Death".
-

Question 5

- (a) What can you learn from **Source H** about the state of public health in Britain around 1850? **5**
Explain your answer using the evidence in **Source H and your own knowledge.**

Target: Analysing a source in context (AO 6.1 and AO 6.2)

- Level 1: Answer that selects detail from the source** **1**
e.g. it is useful as it shows the dirty condition of the River Thames with a dead animal. In the distance there is pollution from smoke coming from chimneys.

OR

Answer that makes generalised statements about cartoons
e.g. it tells us nothing because cartoons aren't meant to be an accurate picture of a situation.

- Level 2: Answer that draws a simple inference from the source** **2-3**
e.g. for a cartoon to be made about the condition of the River Thames suggests public health was in a very poor state.

- Level 3: Answer that develops a complex inference from the source** **4-5**
e.g. the middle classes believed in laissez-faire and did not want to spend money on public health. This cartoon is targeted at them to try to get them to change their minds. 1858 was the year of the 'Big Stink' from the Thames so it's not surprising the cartoon was drawn to publicise the bad state of the River Thames. So the cartoon is useful for showing there was a problem with public health at that time, even if the people are imaginary.

In the assessment grid, 2 out of 5 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for own knowledge in each of Levels 2 and 3.

-
- (b)** People like Edwin Chadwick, John Snow and Octavia Hill tried to improve public health before 1900. **4+4**
Explain **two** reasons why they worked so hard to improve public health.

Target: Understanding motivation (AO 6.1)

Level 1: Generalised answer **1-2**
e.g. they wanted to prevent unnecessary deaths/improve living conditions.

Level 2: Simple answer **3**
e.g. to encourage government action/to save ratepayers money (Chadwick); to identify how cholera spread (Snow); to provide better housing/to demolish slums/provide urban parks (Hill).
Other examples: George Peabody (housing); John Simon (first MoH for London/campaigned for compulsory legislation); James Kay (publicised poverty in Manchester); Southwood Smith (linked dirt to disease in London); Charles Booth (refused to believe 25% of people in London lived in poverty but found 33%).

Level 3: Developed answer **4**
e.g. Edwin Chadwick was concerned about how poor public health led to the bad health of the poor and that this was costing ratepayers more money than they would spend on improving public health by providing clean water to drink in large cities and sewers to take away the dirty water so it did not infect the clean water. He worked hard to produce a report in 1842 to make Parliament pass laws to improve public health.

N.B. Mark scheme to be applied twice.

N.N.B. Allow two valid motives even if no individual is named.

-
- (c) Why did people in Britain enjoy better public health after 1900 than before 1900? 12
Support your answer with reasons and examples.
- Target: Understanding causation and change (A0 6.1)**
- Level 1: Generalised or simple answer** 1-3
e.g. the government became more interested in the welfare of poor people after 1900 and passed many acts to help them.
- Level 2: Answer that considers factors operating before 1900 or after 1900** 4-6
e.g. before 1900: lack of knowledge before germ theory; outbreaks of cholera; impact of laissez-faire; failure of 1848 act; limited scope of 1875 acts (slum clearance/housing inspectors)
e.g. after 1900: surveys of Booth and Rowntree; impact of Lloyd George and Liberal Social Reforms; impact of Beveridge and Bevan and the setting up the NHS.
- Level 3: Answer that considers factors operating before 1900 and after 1900.** 7-9
Both Level 2 examples in the same answer.
- Level 4: As Level 3 but with an explicit supported judgement** 10-12
These answers might explicitly consider how the nature of the factors changed from addressing the environment before 1900 to addressing people's actual lives after 1900. They might also consider the increased intervention of the government or explain the most significant factor(s) for the improvement.

END OF 2007 MARK SCHEME