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Introduction

Most candidates seemed well prepared for the range of topics and question styles in this examination.

The Historic Environment seems to have engaged candidates' interest and generally they responded well to the questions but some candidates found it difficult to apply the skills they had learned to these specific sources. In Question 2(a), many candidates were trapped in Level 2 because they focused on the source content, failed to include contextual knowledge or offered simplistic comments on the provenance. Many candidates had a checklist of aspects to consider about the provenance but they often did not properly apply these ideas to the individual sources. Question 2(b) seems to have been the question they found most challenging and a number of candidates did not gain the full four marks because they did not recognise the precise nature of, and the different responses needed for the sub-questions.

The Thematic Study focuses on change and continuity over time and therefore candidates need a good understanding of chronology and a clear understanding of the key themes and the factors involved. Candidates also need a clear understanding of the differences between key themes such as ideas about the cause of disease and illness, and approaches to prevention and treatment.

In question 4, the focus will always be on causation but the question does not require a judgement to be made or for the answer to prioritise or show interaction of factors. Many excellent answers provided a well-argued response but no marks were available to reward this evaluation.

In questions 4, 5 and 6 the stimulus points in the question will often be useful reminders to candidates of the two sides of the issue or the chronological range covered in the question, although they will not necessarily be presented in chronological order. It should also be noted that the stimulus points will usually relate to aspects of content rather than directly indicating a factor that should be included. Candidates do not need to use these stimulus points but there is an expectation that there will be both depth and breadth of knowledge, shown by three discrete aspects of the question being covered, although this does not mean candidates need to identify three different causes or events. It was pleasing to see that candidates had understood this expectation and most answers were clearly structured in paragraphs, making it easy for the examiner to identify the different aspects being covered.

'Breadth' can be shown through coverage of the period. Unless there is a specific date that is significant, the questions are based around the chronological divisions in the specification, so it is acceptable that answers will sometimes focus on a section of the period in the question but there should be sufficient breadth to show knowledge of the wider context. A question on change or whether an event was significant or a turning point, needs the event to be placed in the context of the situation both before and afterwards. 'Depth' of knowledge is shown by the specific details that are included in the answer.

It is important that candidates have a secure sense of chronology and can recognise the periods named in the question – these are usually the terms used in the specification. Terms such as 'during the years', 'since 1900', or 'in the nineteenth century', give a clear timescale for their answer and candidates should note these parameters. If the question asks about the nineteenth century, an answer based on the 1900s is likely to score 0.

In questions 5 and 6 the focus can be on any of the second order concepts: causation, change, continuity, consequence, significance and similarity/difference and these questions also require evaluation and a judgement. Many answers remained at Level 3, despite excellent knowledge, because they missed the focus of the question. In a number of cases, candidates responded to the

topic rather than the key idea, for example producing an answer generally on ideas about the cause of illness in question 5 rather than addressing the focus on change and continuity. Candidates who reached Level 4 realised that the topic provides the context but that there is a specific focus on which a judgement should be offered.

Examiners felt that candidates had been particularly well prepared for the extended writing questions. They noted the use of analytical language, for example, 'a major breakthrough', 'this revolutionised medicine', 'this prevented progress' and the structure within paragraphs to make a point, provide the evidence, explain how the evidence proves the point and then link it back to the question.

Similarly, it was pleasing to see how many answers were clearly structured to consider both sides of the issue but sometimes other structures may be more appropriate. Although the question asks how far the candidate agrees, the answer should also take account of the second order concept being assessed, for example, structuring the answer to look at different aspects of change and continuity or of significance. Many answers remained at Level 3 because the judgement tended to be simply a summary of the two sides of the issue and the decision that the statement was 'somewhat' true. At Level 4, there should be a sense of evaluation, recognising nuances of partial agreement and showing which evidence carries most weight. Answers should also show what criteria are being applied. For example, a judgement on significance could be based on the number of people affected, the length of time that the effects were felt, the groups affected (medical personnel, patients, the government) or how wide-ranging the secondary effects were. Ideally, this will create a sense of argument running throughout the answer and the more able answers often had plans, showing that the argument was thought through before writing began.

Examiners reported that there were a number of excellent answers, with truly impressive knowledge and thoughtful analysis and evaluation. It was also noticeable that many of the more able answers were relatively concise, demonstrating a very focused approach and clear structure.

If extra paper is taken, candidates should clearly signal that the answer is continued elsewhere – preferably on an additional sheet or the back page of the booklet rather than elsewhere in the paper, since it is difficult to match up asterisks to comments which appear at the end of another question. However, in many cases where additional paper had been taken, the marks had already been attained within the space provided rather than on the extra paper and candidates should be discouraged from assuming that lengthy answers will automatically score highly. Indeed, candidates taking extra paper often ran out of time on the final, high mark question and therefore disadvantaged themselves. There were also some completely blank answers to the final question, suggesting that time management was a problem for some candidates.

Spelling, punctuation and grammar were broadly accurate and many answers used specialist terms with confidence but examiners reported that a poor standard of handwriting made a number of answers difficult to mark and exacerbated the difficulty in understanding a badly-expressed answer.

The SPaGST marks may be affected if there are weaknesses in these areas:

• appropriate use of capital letters.

• correct use of apostrophes.

• weak grammar ('would of') and casual language, which is not appropriate in an examination.

• paragraphs: not structuring answers in paragraphs not only affects the SPaGST mark, but may also make it difficult for the examiner to identify whether three different aspects have been covered.

Examiners commented that a number of well-prepared candidates demonstrated excellent knowledge being deployed to support thoughtful analysis and evaluation; such answers were a pleasure to mark. They also noted that candidates seemed very prepared for the 12 and 16 mark questions, with most answers having a clear structure and good use of specialist terms.

Question 1

Candidates need to be clear that the feature identified should be something characteristic of the topic and that having identified a feature, they should add further detail which will explain the feature or provide context. Many candidates easily scored the full four marks in four sentences but others struggled to identify and support two separate features of blood transfusions on the Western Front or wrote excessive amounts, which was not always fully relevant. Some candidates did not seem to understand that two marks are available for each feature – one for identifying the feature and one for additional information about the identified feature; answers which listed four features or disconnected points of separate information were limited to a maximum of two marks. If the answer consisted of just one sentence it was sometimes hard to distinguish if additional detail had been provided. There were also a number of answers which tried to use the same point as two separate features, for example claiming that transfusions needed the donor to be present because blood could not be stored and then saying transfusions were difficult because the donor needed to be present.

It was disappointing to see how many candidates thought that blood groups had not been identified by the time of the war and therefore many patients died because they were given the wrong blood. There were also a number of answers which claimed doctors did not understand the need for hygiene or that transfusions were carried out in the trenches and therefore many patients died as a result of infection through lack of knowledge. This topic is explicitly named in the specification yet a sizeable number of candidates could only offer generalisations which were not specific to the Historic Environment of the Western Front or only related in a general way, for example the comment that transfusions were needed to stop men dying from blood loss. A strange misconception was that blood was taken from dead soldiers.

A surprising number of answers were left blank. Nevertheless, there were many very knowledgeable answers, identifying various developments in the storage of blood, such as the use of sodium citrate and then citrate glucose, key individuals such as Keynes, who developed a portable kit and Robertson, who developed a blood bank, and the way that transfusions were carried out and the use of Type O blood.

1 Describe **two** features of blood transfusions on the Western Front during the First World War.

Feature 1

From 1915, blood transfusions were used to treat soldiers, ~~normally taking place at the casualty clearing~~ however, they had to be done with the donor in the same room as the patient as they did not yet know how to store blood.

Feature 2

At the Battle of Cambrai, ~~to~~ Robertson ~~it~~ set up a blood bank as citrate glucose had been discovered which enabled them to store blood for up to around four weeks. 11 out of 20 soldiers that Robertson treated with this stored blood ~~was~~ survived.

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Examiner Comments

The answer clearly identifies two features of transfusion: the initial need for the donor to be present because they could not store blood, and the use of citrate glucose allowing blood to be stored and a blood bank set up for the Battle of Cambrai.

This answer has more than enough for the full 4 marks.

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Examiner Tip

An answer that continues beyond the lines may be wasting time – often it has already scored the full 4 marks and too much detail may be straying from the question focus.

1 Describe **two** features of blood transfusions on the Western Front during the First World War.

Feature 1

Blood transfusions had to be done when donor and patient were next to each other

Feature 2

The blood donated had to be used within a day or so because they didn't know how to preserve blood

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Examiner Comments

This answer identifies two features but does not provide any additional information.

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Examiner Tip

Try to write two sentences for each feature – identify the feature in one sentence and provide some additional detail in the other.

Question 2 (a)

The evaluation of sources is a key skill in History and most candidates understand that aspects of the provenance can affect the usefulness of the content yet candidates often approach it in a formulaic way, working through a mnemonic involving a checklist of points but offering generic comments, without really applying these ideas to the specific sources. The mark scheme includes three strands within Assessment Objective 3: the usefulness of the source content; the effect of the provenance and the inclusion of relevant contextual knowledge. These strands are presented as a single bullet point, showing that they are inter-related, therefore an approach which covers each element separately, is unlikely to reach high marks.

It is important to note that the question asks about the usefulness of a source for a specific enquiry, in this case, the treatment of battle injuries, and therefore any comments about the content of the source must show how the details of the source could be used by the historian in this enquiry. Simple comprehension – it states, it shows – based on the assumption that such information is useful, remains low level. Developed statements about the usefulness of the content can reach Level 2 but answers consisting solely of such comments are unlikely to progress beyond mid-Level 2, irrespective of the length of the answer, because the other strands of the Assessment Objective have not been addressed. High level answers tended to pick out specific details about the treatment being given.

Source A produced a range of interpretations, with some candidates claiming that the photograph showed the chaotic conditions on the Western Front and a poor ratio of medical staff to patients while others noted its calm appearance and the fact that the wounded were all being treated, with three medical personnel treating six patients. Some candidates assumed that treatment outside was typical while others inferred that more serious or more numerous injuries were being treated inside the tent. Several candidates used contextual knowledge to suggest that the nurses were from the FANY or QAIMNS but few seemed to recognise that RAMC staff are members of the army and therefore the man attending a patient is probably an orderly.

The content of Source B led to many comments about the evacuation route and the severity of some injuries; candidates reached Level 2 fairly easily but it was disappointing to see some excellent answers on how this content was useful in an enquiry about the treatment of injuries, not reaching Level 3. There were also a number of answers which questioned the source on the basis that it was published so long after the event but without offering any reason why changes should have been made.

All the sources in this examination will always be primary sources and the assumption that a source is useful or reliable because it was contemporary, will remain at Level 1. Similarly, comments about a source being biased or exaggerated can only be rewarded when they are supported by specific examples from the source, demonstrating that bias or exaggeration.

The statement that the purpose of a source was to inform is again very generalised; when discussing purpose there needs to be some consideration of the intended audience and effect. Similarly, the assumption that a source is automatically reliable or unreliable because of its nature, does not demonstrate an engagement with the specific sources being assessed. Very few answers made use of the source content to assess reliability or explained why a source's reliability made it more, or less, useful.

It is not necessary to cover every aspect of the provenance (nature, origin and purpose) but it is important to explain how aspects of the provenance affect the usefulness of the source – ways in which they strengthen or limit the usefulness of the source.

Candidates seemed to find it more difficult to use visual sources than written ones, both in terms of how the content could be used by the historian and in terms of assessing how far the provenance affects the value of that source. It was disappointing to see how many candidates assumed Source A was automatically reliable because it was a photograph or assumed it was staged for propaganda purposes and therefore entirely unreliable. Frequently there was little discussion of the source content and its usefulness for this enquiry.

The comments on Source B were more thoughtful as candidates usually explained that the diary was written for personal reasons, with no intended audience and therefore was likely to be an honest account. However, few used the internal evidence of the extracts to consider how far it was influenced by the author's emotions. More able answers could explain that the graphic detail was valuable to the historian since she was an experienced nurse and by 1916 would have seen many battle injuries and therefore this situation was clearly worse than many other times.

Many answers were trapped in Level 2 because they did not include contextual knowledge but it should be noted that there are no marks for providing contextual detail without relating it to the usefulness of the source. There were also some answers which offered comments about the treatment of conditions such as trench foot, not recognising that the focus of the enquiry in the question was about the treatment of battle injuries. Candidates can reasonably be expected to have contextual knowledge about the situation since this is listed in the specification. They should be able to use this knowledge to show the significance of the information in a source or to show whether the situation in a source is typical of the wider context and therefore assess the usefulness of the source content. It might also be used in relation to the source's origins, for example to show that the author was in a position to have accurate knowledge, or to discuss circumstances, for example the fact that both sources were from 1916 and there was a very high number of casualties in the Battle of the Somme, or to explain the system of triage and the position of Casualty Clearing Stations or Base Hospitals in the evacuation chain, the severity of the injuries at each place and their possible treatment.

The focus should be on assessing what is in the source rather than listing details which are not mentioned. Candidates should recognise that the sources were not produced in order to be used by historians and they cannot cover every detail that might be useful in an investigation. If the answer identifies omissions from the source as limitations on its usefulness, there should be an explanation of why these details could have been expected. Candidates should also recognise that it is not enough to repeat a detail from the source and assert that this can be confirmed from the candidate's own knowledge – some additional detail is needed as a demonstration of that own knowledge.

The statement that Source A only showed us a snapshot of a single place and moment is a low level comment unless it is accompanied by own knowledge to show whether this was a typical situation. Similarly, the comment that Source B only gives us details about one nurse's experiences is low level unless it is accompanied by own knowledge to consider the typical situation at a Base Hospital.

There were very few answers which covered only one of the sources; these were necessarily limited to low marks since every level of the mark scheme refers to 'sources'. Source B was usually evaluated better than Source A but the majority of marks were in Level 2. Few answers covered all three strands of the mark scheme but those that did, presented them as three separate points. The focus of Level 3 is showing how some aspects of provenance and of contextual knowledge affect the source's usefulness for the stated enquiry. It was interesting to see that practically all the answers which needed extra paper focused on covering the source content in detail and remained in Level 2, while Level 3 answers were often more concise and focused on the issue of how useful the information was in the light of contextual knowledge and aspects of the provenance.

The question asks 'how useful' the sources are, so a judgement should be made on the usefulness

of the evidence in each source, weighing up its strengths and weaknesses. However, it should be noted that identifying weaknesses is not the same as listing limitations in the content coverage or asserting that a source is limited because it is biased.

Answers reached Level 3 by assessing the usefulness of the content in the light of the provenance and the candidate's own knowledge; the criteria used to make the judgement could be its accuracy (this is not the same as reliability), the relevance of the source, the way it could be used by the historian, how representative the source is etc. An evaluation of a source's utility should be explicit about the criteria being used, for example an answer should be able to explain that while the language may be emotive, the facts included can be supported from the candidate's own knowledge so the source is very useful despite any loaded language. Similarly, the answer might show an awareness of the different uses of a source for this enquiry: a report might be an accurate depiction of the situation at a Casualty Clearing Station but its factual usefulness may be less than its usefulness in indicating the attitude or priorities of the government.

Although a judgement should be reached on the overall usefulness of each source, there is no requirement to compare the sources or to use them in combination and no marks are available for this. Candidates who treated each source separately were most likely to reach Level 3.

2 (a) Study Sources A and B in the Sources Booklet.

How useful are Sources A and B for an enquiry into the treatment of battle injuries by medical staff on the Western Front?

Explain your answer, using Sources A and B and your knowledge of the historical context.

(8)

Source A is useful in an enquiry into the treatment of battle injuries as it clearly shows nurses at a casualty clearing station bandaging and seeing to injured soldiers. From my own knowledge I know that these stations were typically run by members of the F.A.N.Y. They would administer treatment such as dressings and cleaning of the wounds. It may not be useful as for enquiring about the treatment of battle injuries, as this time and place in the photo may not be typical of the number of injuries they had to treat. We are unable to also see a range of treatments used in the Western Front as in this point in the war they did not have mobile x-ray units or ambulances.

Source B is useful as it is from the perspective of those who were treating the injured. Furthermore, it speaks of the surgeon amputating

limbs' showing that at this point there was a high number of injuries that required extreme treatment. Trench foot would often turn gangrenous and would ~~need to be~~ the limb would need to be removed. In addition it tells us the that they were still areas they were unable to treat ~~A few Days~~ they will not be able to operate on him. Due to the high number of casualties resources were ~~st~~ limited, and the focus was on healing soldiers so they could return to fighting. It may not be useful for an enquiry into treatment of battle injuries as it is taken from a ~~diary~~ diary, which would focus on feelings and the person's own ideas, rather than recording the information about the ~~to~~ treatment of injuries.

Sources A and B would be useful together as we can see ~~the conditions these treatment could place in~~, the difference in injuries the Causalty clearing stations would treat, and the ~~less~~ much more serious injuries at the base hospitals.

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Examiner Comments

The answer clearly focuses on the usefulness of the source content for an enquiry about treatment of battle injuries on the Western Front. The effect of contextual knowledge and aspects of provenance and reliability on the accuracy and usefulness of the content are considered.

ResultsPlus
Examiner Tip

Make sure you show how your contextual knowledge and aspects of the provenance affect the usefulness of the source.

2 (a) Study Sources A and B in the Sources Booklet.

NOP

How useful are Sources A and B for an enquiry into the treatment of battle injuries by medical staff on the Western Front?

Explain your answer, using Sources A and B and your knowledge of the historical context.

(8)

source A is useful for an enquirey into the treatment of battle injuries by medical staff because it is in image from when the war had taken place perhaps showing a ~~dressing station~~ casualty clearing as we can see nurses putting bandages on these men and tents in the background. This source may be reliable as it is actual evidence from the time that the war had taken place. However, we don't know if this image has been staged and we don't know how the nurses are treating these soldiers. But source A isn't ~~as~~ that useful as we don't know what injuries these soldiers had at the time.

source B is useful for an enquirey into the treatment of battle injuries by medical staff we know this because it's from a nurses diary account of what was happening when she was working and it shows what the doctors were doing "surgeons are amputating limbs" so it gives specific details of what surgeries whent on. Due to the fact it's a diary account it will be reliable because it would have been personal to her so there would have been no need to sugar coat what was happening. However, the problem with this source is that it was published in 2012

this was a long while after war so therefore this may mean that some words may have been changed to make the diary entery seem more interesting. All in all I think that source B is very reliable. into looking at the enquirey into the treatment of battle insuries by medical staff on the western front

ResultsPlus
Examiner Comments

This answer is clear about the usefulness of the source content but the comments about provenance and reliability are undeveloped. For Source A it says the photograph may be staged but it does not explain why that might be done. It says Source B might have been changed to make it more interesting but doesn't explain why that would be likely – and then it says Source B is very reliable, which contradicts the idea that it might have been changed. There is also no use of contextual knowledge.

ResultsPlus
Examiner Tip

Only say a source is biased or exaggerated if you can provide the evidence from the source.

Question 2 (b)

This was an unfamiliar question style and while many candidates gained the full four marks, some candidates found it difficult to present their answers clearly. Unfortunately, some candidates wrote about the wrong source and therefore scored 0.

The whole question should be treated as a package linked to the enquiry that was identified in question 2(a) (the treatment of battle injuries) and the aim is for candidates to show that they know how historians work. The first sub-question simply asks them to identify a detail from the source – this is most easily done by quoting a phrase from the source. However, candidates do need to identify a specific detail; generalised comments such as 'conditions at the CCS' are not referring to details or of treatment of battle injuries and are not precise enough to be rewarded. Also, the detail needs to be from the source and not from the provenance.

The next section is linked to this detail – candidates need to state the question they would ask to follow up this detail in relation to the overall enquiry and consequently, the question should be broader than following up one individual's experiences. The mark scheme states 'Award 1 mark for selecting a detail that could form the basis of a follow-up enquiry and 1 mark for a question which is linked to it' so this means that no marks can be given if the candidate's question is not linked to the detail identified or does not relate to the overall enquiry. A number of candidates did not identify a detail but wrote a question, which they then repeated in the second section.

The most commonly asked questions were about the individual injuries that could be seen, the work of the nurses or why these men were being treated outside. Some questions, such as the number killed in battle, were unsuitable as they were not clearly linked to the enquiry focus on the treatment of battle injuries and this then made it difficult for marks to be awarded in the next two sub-questions.

The third and fourth sub-questions ask candidates to identify a source where they could find information to answer the question they have just posed. Candidates need to be clear that this must be a specific primary source – history books, the internet and documentaries were all unsuitable answers. Instead, it would be more appropriate if they tried to think about the sources consulted by the writers of history books, internet articles or documentaries.

While it is recognised that candidates cannot have detailed knowledge of all possible sources, the specification states that candidates should be aware of the types of sources available and the nature of the information they contain. Answers such as 'the National Archives' or 'official records' are too generalised to be rewarded. In some cases, where a generalised source was named in sub-question three, a mark could be awarded because the explanation made it clear what sort of information might be located in those records and how that information would help the historian with the overall enquiry but if the explanation is not clear, then marks cannot be awarded for either of these sub-questions.

If a diary or photograph is suggested as a potential source, it should be as specific as possible, including the possible author (for example a nurse), the date and place – for example, the diary of a FANY nurse working at a CCS during September 1916, in the middle of the Battle of the Somme. However, a diary or photograph can only offer a single view and candidates should think carefully about whether that is an appropriate source for their wider enquiry. Some suggested sources were also unrealistic – medical records were unlikely to record precise details of where and how the injury was received, nurses and doctors were unlikely to record details about individual patients in their diaries, government records might record statistics of injuries but would not include precise details about what happened to each patient.

Where possible, credit was given but the explanation was again important – comments such as 'this would help me to find out what I want to know' or 'because this source would be true' could not be rewarded and sometimes meant the source also could not be rewarded. An explanation of the sort of information that the source might contain and how it would be used to answer the candidate's question could sometimes be used to validate the suggested source. For example, it would be valid to suggest that medical records would have details of the injury and treatment for each patient and therefore a statistical analysis could be done to show the recovery rate but the simple statement that medical records would have details of the treatment used is not precise enough to be rewarded. Some answers suggested Source B or another photograph as a potential source without being able to clearly explain how that would help to answer their proposed question.

Success in this question depended on the selection of an appropriate question in the first part of the answer, a question which broadened from that detail to the wider enquiry and then a well-explained suggested source. When multiple suggestions had been given to a sub-question, it was often counter-productive. Offering more than one detail or question meant that the follow-up sections were often not clearly linked, while offering multiple sources meant that the explanation in the final section was usually invalid.

In general, the simple approach was most effective. Questions about the treatment of one individual patient in the photograph could be followed up by checking Casualty Clearing Station records of treatment to see how the injury was treated and if it was successful, while the scale of injuries and their treatment could be checked through a comparison of records from a number of CCS. It was also important that the candidate treated this question as a package and thought about the follow-up question and the source to be consulted before writing the answer to the first sub-question.

(b) **Study Source A.**

How could you follow up Source A to find out more about the treatment of battle injuries by medical staff on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source A that I would follow up:

The nurse bandaging the soldiers face.

Question I would ask:

'What were the role of nurses when treating the wounded on the western front?

What type of source I could use:

Diary entries from members of the FANY who had written detailed accounts of what they had done.

How this might help answer my question:

I would be able to ~~see~~ read what types of treatments they were allowed to give and conclude as to how much they helped.

The question is clearly prompted by a detail from the source and relates to the wider enquiry in the question. The explanation of the source that could be consulted is clear, showing what information might be found and how that would help to answer the question.

These sub-questions show that you understand how sources are used in an enquiry.

(b) **Study Source A.**

How could you follow up Source A to find out more about the treatment of battle injuries by medical staff on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source A that I would follow up:

Soldier being bandaged up on their wounds.

Question I would ask:

What type of medical ~~equipment~~ treatment was used?

What type of source I could use:

~~Army Forces records.~~

Army Medical Records.

How this might help answer my question:

Gives an insight of what treatments they were given.

The question is a valid one, linked to a detail from the source and relating to the wider enquiry in the question. However, the answers to sub-questions 3 and 4 are vague.

Try to name a specific type of source and then explain what information you would hope to find and how it would answer your question.

Question 3

Most candidates found this question straightforward. They could identify a difference in the care offered in hospitals such as the move from an emphasis on care to attempts at treatment, or from care by untrained staff in religious establishments to care by professionals in purpose-built hospitals. They could also provide examples from each of the periods to demonstrate that difference.

However, there were a number of misconceptions which undermined the comments being offered. Medieval hospitals may have expected patients to share beds but they were usually clean and many did offer some treatment, such as herbal remedies as well as prayer. Hygiene was only emphasised in hospitals in the late nineteenth century; before that point they were often very unhygienic. Surgery was not carried out in medieval hospital and many answers explained that medieval hospitals rarely admitted those suffering from infectious illness but then assumed hospitals in the period c700-c1900 admitted everyone and could treat illnesses effectively. It should also be noted that comments based on the work of Florence Nightingale needed to be about hospitals in Britain rather than the military hospital at Scutari. Interestingly, Nightingale was mainly used to discuss hygiene rather than training of nurses.

In some cases the difference was not clearly identified, with details from the two periods simply being juxtaposed. In other cases, the supporting information was unbalanced, describing the situation in one period and simply stating that it was different in the other period, or the information given was out of period, for example it was about hospitals within the NHS. Some candidates thought the period c1700-c1900 referred to the Renaissance. Comments about improvements in surgery during the nineteenth century were also not relevant here. Some answers offered a range of points about each period but these were not linked and therefore they merely offered information about the two periods rather than identifying a difference. The answer does need to explicitly identify the difference and then offer evidence from both periods to provide support.

While the majority of candidates scored the full four marks, some wrote far too much; there are only two marks available for the supporting detail from each period.

3 Explain **one** way in which care in hospitals in the years c1250–c1500 was different from care in hospitals in the years c1700–c1900.

One way in which care was different in 1250-1500 in hospitals was the treatments used. Hospitals in the Middle ages were used to care for the sick rather than treat them. However, when to care for and attempt to treat patients, the medical staff, usually priests or nuns, would pray for the patients or provide comfort and food. However in hospitals in 1700-1900 there were more trained doctors working in them with ~~less~~ licenses ~~from~~ who would aim to actually treat patients rather than to rely on religious treatment.

ResultsPlus
Examiner Comments

This answer starts by identifying the difference in treatment being provided in hospitals during the two periods and then offers evidence to support that difference.

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Examiner Tip

It is a good idea to state the similarity at the start of the answer and then provide the supporting detail from each period.

3 Explain **one** way in which care in hospitals in the years c1250–c1500 was different from care in hospitals in the years c1700–c1900.

~~Q5~~ One way that is significant is that beds and Hygene were used later on in hospitals which allowed patients to become better, quicker. Doctors and Nurses were trained so they could make sure the injured people were treated safely in order to stop diseases spreading.

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Examiner Comments

This answer does not identify a difference clearly; the details cover two different aspects of care in hospitals: beds and hygiene, and trained personnel.

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Examiner Tip

Remember to provide supporting detail from each period that relates to the specific difference you have identified.

Question 4

Prevention of illness is a key theme in the specification yet many candidates regularly lose marks because they fail to differentiate between prevention and treatment. The stimulus points in this question mean that most answers began with a clear focus on prevention but some candidates did not offer a valid third aspect of coverage. Some candidates offered improved treatment in hospitals during the nineteenth century and many discussed the establishment of the NHS and improved treatment in the twentieth century. The failure to offer a valid third aspect automatically limited many answers to a mid-Level 3 mark. In some cases, the work of Nightingale or Lister in preventing infection could be seen as prevention of illness and the work of the NHS offering free vaccinations or directing healthy lifestyle campaigns was also valid but answers offering these examples rarely showed how they prevented illness. The development of antibiotics was not a valid example since it was treatment and not prevention.

Many candidates could write confidently about the second Public Health Act and explained why it was more significant than the 1848 Public Health Act. However, the link to prevention of illness was not always properly developed. The requirement to removed rubbish and clean the streets was usually identified as a way of reducing the spread of disease but relatively few explained the importance of dealing with sewage and providing clean water as a way of preventing water-borne diseases such as cholera. When this was addressed, it was often linked to the work of John Snow and Bazalgette, in a thorough explanation. Less able answers were unsure and linked the 1875 act to the Liberal government reforms, the establishment of the NHS or said that this act enforced vaccination or began healthy lifestyle campaigns. Candidates do not need to use the stimulus points and for some, it would have been better to ignore this one.

Jenner's work on smallpox vaccination was commonly used as a third aspect but answers often focused on description of his investigation rather than its significance in preventing disease. Pasteur's germ theory was also discussed but usually linked to an explanation of improved understanding of the cause of disease leading to improved public health rather than an explanation of the development of other vaccines. Similarly, the discovery of the structure of DNA was sometimes discussed as an example of better understanding of illness but the link to prevention was not usually developed unless answers went on to discuss the Human Genome Project and research into the prevention of cancer or genetic conditions.

Government healthy living campaigns were generally well known, especially the anti-smoking campaigns, with some precise details of government measures being used to support an explanation of the link to lung cancer. The other campaigns were less well explained, for example, Stoptober, Change4Life, the healthy eating campaign or the promotion of exercise were just linked to the statement that they helped people to stay healthy and therefore not catch illnesses instead of explaining the intention of preventing diabetes or heart disease. Many answers did not indicate a timescale and implied that these campaigns were contemporaneous with the Public Health Act and with Pasteur's work; more able answers addressed the idea of progress and showed that during the twentieth century, greater understanding of the cause of illness had led to a wider range of preventive actions.

Nevertheless, examiners commented on the impressive knowledge in many answers and noted how pleasant it was to be able to award full marks. These answers tended to have a clear focus on explaining how the development or action taken reduced the opportunity for illness to spread. Examiners also noted that some Level 3 answers contained more detailed information than many Level 4 answers but they stayed at Level 3 because the analysis was not developed to show why this led to progress in prevention. The more able answers were able to show that developments such as Jenner's vaccination or the 1875 Public Health Act were springboards for further action to prevent illness.

Some excellent answers treated this chronologically, starting with Jenner and then moving on to the stimulus points to show increasing progress in prevention of illness but equally valid was a more thematic approach, showing how the work of individuals, the role of science and the role of the government were key factors in progress in the prevention of illness. Technology was sometimes offered as a factor but the examples given were usually about treatment or diagnosis.

4 Explain why there was progress in the prevention of illness in the years c1700–present.

(12)

You may use the following in your answer:

- Public Health Act 1875
- healthy lifestyle campaigns

You **must** also use information of your own.

From 1700* ~~preseu~~ onwards, more scientific discoveries were being made about medicine and due to the ~~deer~~ reduced control of the church, these methods were being used to help prevent illness. One example of this is Germ Theory. Louis pasteur discovered the Germ Theory in 1861, proving that illness ~~didn't~~ wasn't caused by spontaneous generation but by specific gems. This then led to Robert Koch identifying Anthrax bacteria in 1871 and meant that the vaccination for chicken Cholera was produced in the 1880's. By discovering what bacteria caused what illness, scientists were able to use Edward Jenner's discovery of vaccinations, found in 1798, to produce vaccinations of certain diseases and help to prevent them. The first mass vaccination was of diptheria after an epidemic in 1938 left 3000 people dead, and since then, more mass vaccinations have been used, the most recent

being that of HPV in 2008.

Another factor that helped progress in the prevention of illness was the public health act of 1875. The previous Act in 1848, advised councils to provide towns and cities with fresh drinking water, sewage works and clean streets but as this wasn't compulsory, many didn't comply. This was proved to be a problem in 1854 when there was a cholera outbreak in London. John snow identified that the disease was water borne and it was a cesspit leaking into a well that caused it. It took years for snow's work to be ~~idea~~ recognised and it may have been because of this that the 1875 public health Act was set up. This made it compulsory for councils to provide towns with clean water, streets, sewage works and that things such as the quality of food ~~stored~~ sold to be checked. This helped with prevention of illness as many illnesses caused by dirty water and unclean ~~tree~~ streets were prevented and reduced.

Another factor that helped prevention was healthy lifestyle campaigns. It was discovered that things such as lung cancer could be caused by

lifestyle factors such as smoking- In order to reduce the amount of people smoking and to help prevent lung cancer, many smoking campaigns and laws were put in place. For example, in 2007 it became illegal to smoke in the workplace and in 2015, to smoke in a car with someone under 18 present. To also further help this, TV adverts for smoking and tobacco were not allowed to be aired on television and tobacco was no longer allowed to be openly displayed in shops. Furthermore, every cigarette packet now issues a warning about the danges of smoking., trying to deter people in the hopes that it will prevent lung cancer.

Another reason is the discovery of things such as Carbolic Spray. This was discovered by Joseph Lister in 1867 and helped to get rid of germs and bacteria. This idea was also backed up by Neuber who stated that Doctors instruments should be sterilised before use in order to stop the spread of disease. Also, Ignaz Semmelweis discovered the need for hand washing and clean clothes for doctors when dissecting bodies and then delivering babies helping to prevent the spreading of infection and disease.

ResultsPlus
Examiner Comments

This answer covers three aspects of progress in prevention of illness. In each case it identifies what changed and why that helped to prevent illness. It scored full marks.

ResultsPlus
Examiner Tip

Make sure you focus on the specific question – this is asking why there was progress so focus on why the situation improved.

4 Explain why there was progress in the prevention of illness in the years c1700–present.

(12)

You may use the following in your answer:

- Public Health Act 1875
- healthy lifestyle campaigns

You **must** also use information of your own.

One reason why progress in the prevention of illness in the years c1700-present improved was because of healthy lifestyle campaigns. Campaigns were done through.: newspapers, radio advertising and a few more. This meant that it got it's message across to the majority of the population. Therefore, ~~more~~ less illnesses were identified. This is also shown ~~in~~ today through cigarette packaging. A law was passed saying all cigarette packaging must ~~e~~ have a caution label. This meant that less people smoked. It also meant that it prevents illnesses, such as lung cancer.

There was also a progress in the prevention of illness due to the Public Health Act in 1875. The Public Health Act focused on improving people's heath. By doing so more

illnesses were prevented. It also changed society's view on illnesses and the method to prevent it.

Another way ~~the~~ the progress in the prevention of illness in the years c1700-present improve was due to more scientific knowledge. During the medival times people used to believe the wrong theories. However, as time went on more universities were set up. This led to more Physicians with a better knowledge about medicine. This meant that there were able to help patients who suffered from an illness properly. As a result more patients lived. This is shown through Florence Nightingale. Before Florence Nightingale came the death rate was at 42%. When she came ~~t~~ she made ~~she~~ sure the wards were clean and hygenic. due to her knowledge. As a result the death rate dropped to 2%. This showed us that more Physicians and Nurses who had more knowleage could prevent illnesses vastly.

one other way it progressed ~~the~~ is through the advanced made in surgery. Having more knowledge, meant that they discovered things like transplants This helped doctors prevent illnesses as they knew the causes through surgeries of previous pateints. People such as ~~Te~~ Thomas Sydenham also helped because of his knowledge. He provided more information about the body which helped prevent illnesses.

ResultsPlus
Examiner Comments

This answer does identify three aspects of prevention of illness but it does not offer much supporting detail. The final section on surgery is not about preventing illness.

ResultsPlus
Examiner Tip

You need to include specific detail to support the points that you are making.

Question 5

Progress is a key theme in a Thematic Study and the target concept for this question, change and continuity, could be approached in two, equally valid ways. One way was to examine different aspects of the understanding of disease and to examine the extent of change and continuity during the period. For example, ideas about the causes of the Great Plague in London, 1665, could be compared to ideas about the causes of the Black Death in 1348, illustrating the way religion continued to be seen as the main cause of disease, with the example of flagellants and the word 'Lord have mercy' painted on the doors of plague sufferers. In both periods, prayer was a common reaction and the royal touch was used as late as the reigns of Charles II and Queen Anne, again demonstrating a continued belief in religious causes of disease. Similar continuity could be shown in the idea of the supernatural or miasma as the cause of disease and the treatment of Charles II could be used as evidence of continued belief in the Four Humours as a cause of disease.

However, for this approach to be successful, candidates needed a secure knowledge of both the Medieval and Renaissance periods. There were excellent explanations about beliefs in the cause of disease, such as religion, miasma, the Four Humours but it is not enough to assert that ideas about religious causes continued and then provide generic supporting details such as the use of prayer and fasting. Specific details from each period were needed to show the continuity of ideas. There should also be a sense of the differences between the periods, in order to examine the extent of change and continuity. For example, the order to kill cats and dogs in 1665 could be cited as progress suggesting the idea that disease could be spread through animals, or the differentiation between causes of death in a Bill of Mortality.

Some candidates claimed that the idea of miasma or the understanding that infectious patients needed to be isolated was evidence of progress, not appreciating that the idea of miasma was present in the Medieval period and there were isolation hospitals for plague sufferers during the Black Death in 1348 and for leprosy.

The more common approach was to focus on the factors which inhibited progress. These answers often focused on the role of the Church in maintaining belief in Galen's ideas but did not always explain why the Church was able to do this. Some explanation of the Church's authority in society and also control over medical training was necessary in order to explain how the Church could ensure continuity of ideas.

In order to evaluate the statement and reach a judgement, candidates needed to offer some challenge or alternative to the question and consider whether there was any progress. It was pleasing to see that a number of candidates were able to write about Sydenham's ideas and explain why this was a new approach to the causes of disease. Other points made included the idea of transference of disease, the declining authority of the Church, the increased focus on science, as shown by the Royal Society, the capability of the printing press to spread ideas more easily and the work of Vesalius and Harvey. Most candidates were confident about the work of Vesalius and Harvey but they did not always link this to the question: their discoveries had little relevance to ideas about the cause of disease although they did undermine Galen's authority.

Examiners commented that confused knowledge of chronology limited many answers. Many candidates could not differentiate between the Medieval and the Renaissance periods while a number of answers also brought in Jenner and Pasteur. There were also answers which treated the period c1250-c1700 as a single, unchanging episode; these answers tended to assert that there was little progress and offer descriptions, often straying from the focus on understanding the cause of disease to describing ideas about the prevention and treatment of the plague.

It is important that candidates identify the key theme in the question. Examples of treatment and

prevention can indicate the underlying idea about the cause of disease but this must be made explicit in the explanation; simply writing about what people did to deal with disease could not score highly in this question. Similarly, the question called for more than a description of ideas about disease – the key word in the question was 'progress' so there needed to be some sense of chronology in the answer and discussion of change.

Most answers offered a conclusion but it was often simply a restatement of what had already been said. However, it was pleasing to see answers at Level 4, with a sense of an argument and evaluation developing consistently throughout the answer and then in the conclusion, explicit criteria being applied to explain the final judgement about the extent of progress, for example considering whether the ideas of physicians and scientists changed more than the ideas of the general public or differentiating the extent of progress in the Medieval and Renaissance periods.

Chosen question number: **Question 5** ☒ **Question 6** ☒

On the one hand, it can be argued that there was little progress in understanding the cause of disease at this time. This is because many physicians, especially in Medeival times, were taught to treat individual symptoms rather than the overall illness. For example, the Theory of the Four Humours was a popular theory for the cause of disease up until the end of the Renaissance era. However, using this theory to treat an illness did little to aid understanding of the cause of disease, as the patients's symptoms were placed at the highest priority; therefore, the actual illness was not treated, so physicians were unable to learn what was actually causing disease, as there was limited medical understanding and they were taught the works of Galen as a medical fact. Consequently, there was little progress in understanding the cause of disease, as Physicians were not taught to treat an illness in the corect way.

However, during the Renaissance era, Thomas

Syderham began a new method of diagnosing illness, which can be argued as causing progress in understanding what the causes of disease were. This was because Thomas Syderham used a technique where he observed all of a patient's symptoms as a whole, then made a judgement on the type of illness a person had. This was different to previously established methods, where a Physician would treat the individual symptoms of an illness one at a time, thus gaining no idea about what was actually causing the disease. However, Thomas Syderham's technique led to increased knowledge of the causes of disease, as a Physician now understood that the symptoms were all part of the same illness, so could now predict what the root cause of the illness was. Therefore, Thomas Syderham's theory led to increased understanding of the causes of disease.

In contrast, it can also be believed that there was little progress in understanding the causes of disease, as the Church had the power to restrict new medical ideas and these concepts were then slow to be accepted by the public. Up until the Renaissance, only the

Church could distribute new medical ideas - this allowed them to withold new knowledge, thus not allowing doctors to gain new information about the causes of disease. After, the Printing Press was created, which allowed new knowledge to be distributed; however, long-established theories like the Four Humours were still popular, so many Physicians didn't want to change their methods for many years after, thus gaining no new knowledge about the cause of disease at this time.

However, evidence of prevention methods used during the Great Plague of 1665 indicate to us that there was improved understanding of the causes of disease. Whereas during the Black Death, conditions were very unhygienic, leading to further spread of disease through microbes, in the Great Plague of 1665, governments took more action to make conditions cleaner, such as killing cats and dogs (who they believed may be carrying disease) and clearing up the streets. This conveys to us nowadays that people at this time understood that the cause of disease was in some way linked to dirt and decay, so they attempted to halt the spread of

disease by making living conditions less dirty. Therefore, the Great Plague conveys to us that there was progress in understanding the causes of disease, as conditions were made more sanitary.

I personally believe, in conclusion, that there was slightly improved understanding of the cause of disease, as evidenced during government action in the Great Plague. However, until the Industrial period ~~began~~ began, old theories like the Four Humours still were widely used and this hindered medical knowledge from progressing. This can be linked to the Church, who restricted new ideas that opposed their teaching and still promoted the works of Galen, preventing further advancement in knowledge. New ideas took a long time to be widely used if they were passed by the Church, so knowledge of the cause of disease did not improve until near the end of the Renaissance.

ResultsPlus
Examiner Comments

This was a well-structured answer, with a link back to the question at the end of each section. There was a good range of specific detail included and the answer covered both sides of the question, reaching a nuanced judgement.

ResultsPlus
Examiner Tip

Make sure that you consider all relevant aspects before you reach a judgement.

Chosen question number: **Question 5** ☒ **Question 6** ☒

The Great plague in 1665 is an example to why there was little progress in understanding the cause of disease, this is because there was little change from the the Black Death in the 14th century. Miasma, God and astrology were still main reasons into why the Great plague was caused this is because the church had control of everything so it was hard to produce new ideas against what the church said however, Galen's ideds were accepted as he linked the body to how God made it.

However, Thomas Sydenham's observations is a reason why there was an understanding of the cause of disease this is because he went beyond the main causes and was like an English Hippocrates because he observed symptoms of diseases and how they could be resolved this created progress.

Another reason [illegible] why there was an understanding of the cause of disease was the Royal Society this was where a group

of scientists could come and gather to share ideas of causes of disease which would help encourage different viewpoints that can be expanded on and discussed. King Charles II was also a supporter of this society which helps impact understanding of disease since more people will be open to it as the king is.

In conclusion, I disagree that there was little progress in understanding the cause of disease because there was Thomas Sydenham who was finding ideas linking to observation to give an idea of the cause of disease. The royal society was also used to discuss what the cause of the disease was. However, some could argue that the Great plague shows little progress and the church's viewpoint.

There is good information in this answer but it is not used to make a point about whether there was progress in understanding the cause of disease.

The fact that the question asks for a judgement on whether there was 'little progress' is a signpost, telling you to examine both change and continuity before you make your judgement.

Question 6

Significance is a key concept in a Thematic Study and in this case it was approached through comparison, which is also an important focus. Candidates were very confident about advances in surgery in the nineteenth century and many answers could give detailed explanations of the advances in anaesthetics and antiseptics, and sometimes of aseptic surgery. Generally, candidates could explain the significance of these developments and some evaluated their significance, considering both the positive and negative aspects of the developments. However, some candidates confused the individuals Simpson and Lister. Others included the work of Pasteur and Nightingale but failed to show how this contributed towards advances in surgery, or they included earlier details such as Vesalius' dissections and work on anatomy. Examiners have suggested that candidates may have misunderstood c1700 as meaning the 17th century but this did not cause problems in any other question.

Candidates were less confident about advances in the period c1900-present. Although some could talk about keyhole surgery, robotic surgery, plastic surgery and transplants, many could only offer generalities, such as transplants saved lives. Transplants were also frequently confused with transfusions and sometimes both transplants and transfusions were placed in the nineteenth century. Some candidates discussed developments in technology in the modern period, for example X-rays and endoscopes, or the establishment of the NHS but they often could not explain the link to significant advances in surgery. There were also some who included the discovery of penicillin but this could only be credited if it was explicitly used in the context of post-operative infection rather than as general treatment of illness.

Typically, many answers gave a good explanation of the significance of advances in surgery in the early period, followed by a discussion of the later period and a conclusion which offered an opinion about which set of advances was more significant. Such answers often remained at Level 3; to reach Level 4, there needed to be an ongoing comparison and evaluation of the two periods. However, examiners noted some excellent evaluation using a range of explicit criteria such as long-term/short-term significance, whether a development was entirely positive or whether it impacted on other aspects of surgery.

The judgement that advances in the period c1700-c1900 were most significant was often justified by an explanation that these advances laid the foundation for future developments but it was essential to deal with the main problems of pain, infection and blood loss first. Equally valid was the view that modern advances were more wide-ranging and addressed a more challenging set of issues and therefore had a greater impact on patients' lives.

Most answers offered a conclusion but it was often simply a restatement of what had already been said. However, it was pleasing to see answers at Level 4, with a sense of an argument and evaluation developing consistently throughout the answer and then in the conclusion, explicit criteria being applied to explain the final judgement.

Chosen question number: **Question 5** ☒ **Question 6** ☒

I agree with this statement to a certain extent because the period 1700 - 1900 saw the development of antiseptics and anaesthetics, whereas 1900 - present has seen less drastic changes in the way we perform surgery.

Firstly, in 1848, James Simpson began using chloroform as a surgical anaesthetic. Before this, patients were operated on fully awake. This meant surgies had a high mortality rate because of the shock patients suffered, but also had to be quick and much less complicated than today's surgery. I therefore think this changed surgery forever because it allowed them to be much longer and more complex, and surgeons couldn't do what they do today without anaesthetic. However, its impact was limited by the fact it killed 15-year-old

Hannah Greener, so many were too scared to use it.

Another advancement made in the 1700-1900 period was the use of antiseptics in surgery. Joseph Lister first pioneered this in 1867 with his use of carbolic acid ~~to~~ spray on tools and wounds. It allowed for huge surgical progress because it reduced the chance of infection, meaning intracavity surgeries could be successfully performed for the first time. It also had an impact later down the line because surgeons began aseptic surgery based on Lister's work, which was even more effective. Therefore, the introduction of anaesthetics and antiseptics make 1700-1900 the time period with the most surgical change because they allowed for more and more complex surgeries.

However, an important surgical advancement was seen the pioneering

of organ transplant. For example, the first lung transplant performed in 1963, allowed for huge medical progress because it showed that transplant patients could live - and prosper - if their organs (tissues) were correctly typed. This allowed for more progress as more adventurous transplants could be attempted, but still has a limited impact even today because patients are at such a high risk of failure or rejection of the organ.

Therefore, I agree with the statement to a great extent because without the work of Simpson and Lister c.1700 - c.1900, surgeons would never be attempting the types of life-saving surgery they are today.

There is a good focus in this answer on the importance of the advances in surgery in each period, linked to comments that provide the basis for the judgement in the conclusion. For example, chloroform 'changed surgery forever' and 'surgeons could not do what they do today without anaesthetics' while transplants still have a high risk of rejection.

As with any judgement question, you need to be clear what criteria you are applying. Here the candidate is looking at the positives and negatives of each development and also how it related to other developments in surgery.

Chosen question number: **Question 5** ☒ **Question 6** ☒

I Mostly agree with this statement because these advances in surgery laid the foundations for the advances in the years c1900-present.

Firstly, the invention of antiseptics was a major advance in the years c1700-c1900 because it allowed surgery to be carried out with less of a risk of infection in the open wound that is being operated on. The antiseptic that was used was carbolic acid which would kill any bacteria in the open wound.

However, in the years c1900-present doctors came up with a way that you could get rid of damaged organs for better undamaged organs. This was called a transplant. Transplants were a key discovery in the 20th century because countless more lives could be saved by these.

Also in the years c1700-c1900 ~~[illegible]~~ anaesthetics were invented so that the person being operated on could not feel as much

Pain from the operation. The first anaesthetics used was ~~opium and alcohol~~ opium and alcohol but then they came up with a better anaesthetic called chloroform which would put the patient to sleep while the operation took place. If too much chloroform was used the patient could end up dying from an overdose.

ResultsPlus
Examiner Comments

This answer makes statements about three aspects of surgery but it includes few details to show why each advance was important. There is no structure or sense of context here that creates a judgement about which period was more important.

ResultsPlus
Examiner Tip

Make sure you provide details to explain why the advances in each period were important.

Paper Summary

Based on their performance on this paper, candidates are offered the following advice:

- They need a secure understanding of the chronological periods and terms used in the specification as well as the term 'century'.
- They need to understand the themes within the specification – ideas about the cause of illness, prevention and treatment of illness.
- To reach the highest level they need to focus on the specific question being asked and deploy precise detail.
- It is not necessary to use the stimulus points in the question and candidates should not attempt to do so if they do not recognise them; however, candidates should aim to cover three separate aspects of the question.
- While there is good knowledge of some topics, candidates cannot rely on knowing just a few key topics and hoping to use that information in whatever question is asked.

Grade Boundaries

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