

# Examiners' Report June 2019

## GCSE History 1HI0 11

## Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications come from Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at [www.edexcel.com](http://www.edexcel.com) or [www.btec.co.uk](http://www.btec.co.uk).

Alternatively, you can get in touch with us using the details on our contact us page at [www.edexcel.com/contactus](http://www.edexcel.com/contactus).



### Giving you insight to inform next steps

ResultsPlus is Pearson's free online service giving instant and detailed analysis of your students' exam results.

- See students' scores for every exam question.
- Understand how your students' performance compares with class and national averages.
- Identify potential topics, skills and types of question where students may need to develop their learning further.

For more information on ResultsPlus, or to log in, visit [www.edexcel.com/resultsplus](http://www.edexcel.com/resultsplus). Your exams officer will be able to set up your ResultsPlus account in minutes via Edexcel Online.

### Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: [www.pearson.com/uk](http://www.pearson.com/uk).

June 2019

Publications Code 1HI0\_11\_1906\_ER

All the material in this publication is copyright  
© Pearson Education Ltd 2019

# Introduction

This was the second examination in this new specification and it is clear that centres have taken note of points raised in last year's report, in inset and in material published on the website. Candidates seemed confident on both sections, the Historic Environment and the Thematic Study, and there seemed to be relatively few unfinished papers.

As a general point, centres should remember that the Thematic Study focuses on change and continuity over time and therefore a good sense of chronology is vital. Candidates should be familiar with the names given to the different periods in the specification and recognise the dates and key events involved in these chronological divisions. They also need a clear understanding of the key themes and the factors involved in the Thematic Study, as identified in the specification, for example:

- Ideas about the cause of disease and illness.
- Approaches to prevention and treatment.
- Individuals and institutions (Church and government).
- Science and technology.
- Attitudes in society.
- The differences between prevention and treatment.

It is also important to remember that this is a Thematic Study in British history. While many medical and scientific developments took place elsewhere, the focus of this study is the impact of these developments on medicine in Britain.

In the extended answers, the stimulus points are usually intended to remind candidates to cover different aspects of content and the full timescale of the question. Candidates do not need to include these stimulus points in their answer but they do need to cover three aspects of content in order to show breadth in their answer and to access the higher marks.

The order in which the stimulus points are listed is not intended to suggest a structure for the answer and, especially in questions 5 and 6, planning the answer first usually resulted in a logical and coherent argument being developed. Where answers treated the stimulus points in the order they were listed and then added a third aspect of content, it often meant that these three aspects of content were treated as separate points, with no sense of an over-arching argument. While answers do not need to be structured chronologically, candidates do need a clear understanding of the sequence of events in order to discuss causation, consequence, change, continuity and concepts such as progress.

A number of answers remained at Level 3, despite excellent knowledge, because they missed the focus of the question. The mark scheme's bullet point for Assessment Objective 2 (analysis) at Level 4 expects an analytical explanation, directed consistently at the conceptual focus of the question. Candidates who responded to the topic rather than the key idea were unlikely to achieve high marks. Those who did reach Level 4 realised that the topic provides the context but that there is a specific focus which the analysis should address.

The target for the 12 mark question is an explanation of causation but there is no expectation that

causes will be prioritised or evaluated and no marks are available for such comments. However, there is an additional element of judgement in the 16 mark questions. Many candidates structured their answers in questions 5 and 6, to discuss points supporting the statement in the question then points challenging the statement before offering their judgement. In a number of answers this resulted in a judgement that the statement was 'somewhat true' or 'true to an extent'. This is a logical structure and can be very effective but for the higher marks, the criteria being applied needs to be explained and the judgement should be made clear throughout the answer and not just restricted to comments at the start and end of the answer.

Examiners commented that there were a number of impressive answers where candidates seemed well-prepared and demonstrated excellent knowledge, deployed to support thoughtful analysis and evaluation. In particular, candidates seemed well-prepared for the 12 and 16 mark questions, with most answers having a clear structure and good use of specialist terms.

If extra paper is taken, candidates should clearly signal within the answer that it is continued elsewhere and this should be on an additional sheet rather than elsewhere in the paper, since it is difficult to match up asterisks in an answer 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.

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', 'based off of') and casual language, which is not appropriate in an examination.
- Paragraphs: failure to structure 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 and to assess how well the analysis has been developed.

## **Question 1**

The Historic Environment has a focus on the process of history, considering the value of sources as evidence and the way an historian follows up an enquiry but it is nested within the context of the Thematic Study and therefore knowledge of the specific context is expected.

Most candidates discussed trench foot and trench fever but other examples were offered such as dysentery. Shell-shock or PTSD was also named by a large number of candidates and this was accepted as the condition often developed in the trenches from the circumstances of constant bombardment but answers which focused on battle injuries missed the point of the question, which asked about illness arising from the conditions in the trenches. The prevalence of rats was another valid point if it was linked to disease.

It should be noted that the feature identified should be something characteristic of the topic and that having identified a feature, candidates should add further details which will explain the feature or provide context; answers which listed four disconnected points of information were limited to a maximum of two marks. When candidates had written two sentences for each feature, it was easy for examiners to identify and reward the feature and the additional detail; if the answer consisted of just one sentence it was sometimes hard to distinguish whether 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 lack of hygiene and dirty conditions.

Candidates should use the mark and the space in the answer booklet as a guide for the length of their answer. An answer that continued beyond the lined space was often wasting time – in many cases, the answer had already scored the full 4 marks and no further marks could be awarded. Where the candidate was unsure about the answer, the additional comments were usually irrelevant. It was very rare for additional comments to gain any marks.

1 Describe **two** features of ill health among soldiers that arose from the trench environment.

Feature 1

One key feature of ill health among soldiers was trench foot. This was a very dangerous disease caused by wet damp conditions inside the trench. If it was not treated quickly the gangrene could spread.

Feature 2

Another key feature of ill health among soldiers was diarrhoea. This was due to soldiers drinking unhygienic and dirty water and eating out of date or mouldy foods.



Two valid features are identified: trench foot and diarrhoea; in each case the link between conditions in the trenches and the illness is explained.



Use separate sentences to identify the feature and to provide additional detail, so that the examiner can see why two marks should be awarded for each feature.

trench foot trench fever swell shock  
**Answer Questions 1 and 2.**

1 Describe **two** features of ill health among soldiers that arose from the trench environment.

Feature 1

One feature of ill health among soldiers that arose from the trench environment was trench foot, this was a really big problem and sometimes caused soldiers to loose limbs.

Feature 2

Another feature of ill health among soldiers is trench fever, this was also very severe ~~can~~ and could some times cause death.



Two valid illnesses are identified: trench foot and trench fever. However, the supporting comment is very general in each case – it does not provide specific detail of the illness or explain the link to conditions in the trenches.



Make the features and details as specific as possible, showing knowledge of the historical context.

## Question 2 (a)

It is important to note that the question asks about the usefulness of a source for a specific enquiry, in this case, an enquiry into the work of the stretcher bearers.

Candidates found the sources accessible and could make a number of points about the usefulness of the content and their provenance. Sometimes the judgement of utility was based on the simple assumption that any information about stretcher bearers would be useful to an historian but at Level 3, answers were clearly focused on the usefulness of the sources for showing the nature of the stretcher bearers' work.

When considering provenance, there were a number of generic comments about a source being biased (with no explanation of how that bias could be detected or why it occurred), about Source A being reliable because it came from the time under investigation or that the date of the painting (after the war) made it unreliable. These comments could be made without any reference to the individual source and therefore remained at Level 1. At Level 2, a more developed explanation was provided, for example focusing on the purpose and intended audience of Source A which was a letter written to his family and therefore the Captain might not have included the problems or horrors that he encountered in order to avoid worrying his family. It was pleasing to see comments on Source B which went beyond the comment that the artist might be biased and suggested that as the artist had been commissioned to produce the painting, he might want to 'glorify' the work of the stretcher bearers.

At Level 3, comments need to show the effect of the provenance on the usefulness of the source content, for example linking the fact that he was writing to his family to examine the specific content of his letter. Strong answers recognised that the details were probably accurate but the focus was on the tiring nature of the work rather than the danger involved.

Most candidates offered valid comments about the sources' content and many also made valid comments about the provenance of the sources. However, some very good answers could not access the higher marks because they did not include contextual knowledge. Contextual knowledge is mentioned at every level of the mark scheme and failure to include it limited a number of otherwise good answers. Contextual knowledge could be used to add detail about something mentioned in the source, to add weight to an aspect of the provenance, to place the source in a broader context, or to assess whether the source gave an accurate view or showed a typical situation. At Level 3, contextual knowledge should be used in the process of reaching a judgement and not simply provided as information.

There was a very small number of answers which only considered one source. Every level of the mark scheme refers to 'sources' and therefore answers which do not consider both sources cannot access high marks.

The focus should be on assessing the usefulness of what is in the source rather than listing details which are not mentioned - sources were not produced in order to be used by historians and they should not be dismissed because they do not cover every detail that might be useful in an investigation. If the answer identified omissions from the source as limitations on its usefulness, there should have been an explanation of why these details could have been expected from this source. 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 question asks 'how useful' the sources are, so a judgement should be made on the usefulness for the specific enquiry of the evidence in each source. The best answers went beyond statements



about the information contained in the source that was presumed to be useful because it was relevant to the enquiry, listing limitations in the content coverage or asserting that a source was limited because it is biased. Good answers made clear the criteria being used to assess the usefulness for the enquiry of the source, weighing the value of the content in the light of the provenance and the candidate's own knowledge. The criteria could be accuracy, reliability, the relevance of the source, the way it could be used by the historian, how representative the source is etc.

High level answers about Source A weighed the insight to be gained from his position as captain and the personal nature of the letter against the possibility of censorship or his reluctance to upset his family. For Source B, candidates recognised that the painting was based on personal knowledge but considered whether its purpose affected the accuracy of the portrayal.

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 focused on comparisons between the sources often failed to develop their judgement on each source properly; if this approach is used, it is important that the answer still comes to a judgement on each individual source.

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

How useful are Sources A and B for an enquiry into the work of the stretcher bearers on the Western Front?

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

(8)

Source A ~~is~~ is a letter describing the difficulty stretcher bearers faced when collecting the wounded. This is useful for an enquiry into the work of the stretcher bearers as it tells us details on how many men were wounded 'I led a search for more wounded'. The source also tells us of the difficult conditions <sup>when</sup> ~~to~~ transporting the men 'awful work getting them out'. During WWI medical assistance was limited especially due to the muddy terrain that the stretcher bearers had to travel through. However the source is limited. There is no photographic evidence that these events took place. Also this source only shows one persons point of view 'written by a captain'. The nature of the source is useful as it gives us a personal insight into the work of a stretcher bearer ~~the~~ Also the person who wrote the source was a ~~by~~ 'captain' so had a lot of experience. Also it was sent in '1915' so his memory would be very vivid. In conclusion Source A is quite useful for an enquiry into the work of stretcher bearers.

Source B shows <sup>a painting</sup> ~~an image~~ of stretcher bearers collecting the wounded from the front line. This is

very useful as it gives us a visual representation of the experience of stretcher bearers. The image shows many stretcher bearers carrying a wounded man. In WWI many stretcher bearers were needed for one person to ensure the wounded could be carried without being jostled. Also so they could look out for shell explosions as it was very dangerous.

However this source is limited as it only shows the stretcher bearers at one point during their work. It does not allow the ~~reader~~<sup>viewer</sup> to understand how they continue their journey.

The nature of the source is a painting. This is not very useful as ~~it did not~~ ~~have~~ the events shown did not happen for definite - so is less reliable.

The painting could be exaggerated ~~to show~~ so ~~it~~<sup>is</sup> not very useful. However the painter did ~~serve~~ work in the RAMC in November 1915 so had experience as a stretcher bearer. In conclusion the source is not very useful for an enquiry into the work of stretcher bearers.

To conclude Source A is much more useful as it is a detailed insight into the <sup>work</sup> ~~life~~ of the stretcher bearers.



The analysis of Source A reaches Level 3. There is a thorough analysis of content linked to contextual knowledge and with a consideration of the effect of provenance. A judgement is offered on the source's usefulness.

The analysis of Source B also reaches Level 3. It analyses the content of B and links this to contextual knowledge and places this in the light of its provenance to reach a judgement on usefulness.

Secure Level 3 for each source, produces a mark at the top of the level.



Don't just focus on what can be learned from the source content. Link the content to the provenance and to contextual knowledge.

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

How useful are Sources A and B for an enquiry into the work of the stretcher bearers on the Western Front?

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

(8)

Source A is <sup>very</sup> useful because it is a letter written by a captain in RAMC to his family in 1915 during the First World War. It describes the way in which the job of a stretcher bearer is very difficult because of the conditions of the war.

Source B is useful as it is a painting done by Gilbert Rogers who served on the Western Front in November 1915. He has experienced what it was like so was able to show that through the painting.

Both sources A and B show the difficulty stretcher bearers have to go to in order to do their job. However source A is a personal letter describing the scene, where as source B is a visual representation of the job.



The answer on Source A makes two statements about the provenance and the detail of the source and apparently assumes that the provenance makes the content accurate and therefore useful; this is Level 1.

The answer on Source B explains the link between the artist's personal experience and the assumed accuracy of Source B, which fits Level 2 of the mark scheme.

The final paragraph adds nothing to the evaluation of the sources and since the answer has only met one element of the Level 2 mark scheme, the mark is low Level 2.



Remember to make a judgement on the usefulness of each source as evidence for the specific enquiry in the question.

## Question 2 (b)

The question should be treated as a package that is linked to the enquiry that was identified in question 2(a) (the work of the stretcher bearers) 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 was most commonly done by quoting a phrase from the source; candidates should be aware that a detail from the provenance cannot be rewarded.

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 a very specific person or event in the source. A number of answers wanted to follow up specific details such as the 18 wounded men who were recovered rather than the broader enquiry that is the focus of this question. Others wanted to follow up the injuries of these men and suggested a question that focused on the treatment of their injuries rather than an enquiry investigating the work of stretcher bearers. This failure to recognise the link to a broader enquiry limited the marks available to these candidates for this question.

Most candidates understood the importance of following the structure of the answer booklet but there were still a number of candidates who wrote a question in the first stage instead of identifying a detail that they would like to follow up. This meant that they received 0 for the first stage but also 0 for the second stage where the question must be linked to the detail that has been identified.

However, if a valid question had been proposed in the second sub-question, even if it were not linked to a detail in the source, although it could not receive a mark, it allowed marks to be awarded for the third and fourth sub-questions, which ask candidates to explain how they could find information to answer the question they have just posed. Candidates need to be clear that they should suggest a specific primary source – history books, the internet, documentaries were all unsuitable answers. Instead, it would be more appropriate if they tried to think about the sources consulted by the producers 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 ‘army records’ were 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 in the final sub-question 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.

Some of the suggested sources could not have provided information which would have helped to answer the candidate's question. For example, a diary or photograph can only offer a single example of the work of stretcher bearers – as many pointed out in question 2(a). Some suggested sources were also unrealistic – an interview with a stretcher bearer, a diary entry from a stretcher bearer recording the details of each soldier he recovered, hospital records showing which stretcher bearer brought in each casualty are all highly unlikely.

Where possible, credit was given but the explanation in the final sub-question was extremely important – comments such as ‘this would help me to find out what I want to know’, ‘because this source would be true’ or which say that the suggested source would have relevant information are so generalised that they cannot be rewarded and this meant the suggested source also could not be rewarded. However, 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 a



generalised suggested source. For example, it would be valid to suggest that the casualty clearing station would keep records of the number of casualties brought in, which could be used to show the significance of the work of the stretcher bearers or the captain would probably write an official report on the work of his men.

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 not clearly linked, while offering multiple sources meant that the explanation in the final section was usually invalid.

It was important that the candidate treated these questions 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. In general, the simple approach was most effective. Questions about how many casualties were recovered on average, how many stretcher bearers were themselves injured, what training they had in first aid were all appropriate suggestions.

Very few candidates wrote about the wrong source but where this happened, those answers scored 0.



(b) **Study Source A.**

How could you follow up Source A to find out more about the work of the stretcher bearers 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:

When the captain says ~~he~~ 'had a search for ~~more wounded~~' we got our last wounded to safety at Ham the next morning'

Question I would ask:

How long did searches take on average each day by the RAMC?

What type of source I could use:

Official war records of ~~a~~ searches ~~of the~~ by the RAMC.

How this might help answer my question:

It would show how long searches took each day. Allowing me to find the average time the searches took.



A detail has been selected from Source A which is then the starting point for a broader enquiry into the work of stretcher bearers.

It is reasonable to suggest that the RAMC would keep records of the searches for the wounded and the explanation shows how such information could be used to work out the average time spent and therefore provide an answer to the proposed question.



Make sure the final section explains **how** the information in the suggested source could be used to answer the proposed question; don't just say that the source would provide information to answer the enquiry.

(b) **Study Source A.**

How could you follow up Source A to find out more about the work of the stretcher bearers 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:

What would happen to the soldiers when they are taken to the aid field, casualty clearing station etc.

Question I would ask:

How bad were the conditions of the soldiers when found wounded?

What type of source I could use:

Interviews of past soldiers and wounded <sup>soldiers</sup> e.g. shell shock, head injuries.

How this might help answer my question:

Much more reliable as the information would be accurate from what state they are in.



A detail from the source is not selected, therefore no mark can be given for the first and second sub-questions. The question is a valid one as it is linked to the work of the stretcher bearers, so it would still be possible to award marks for the third and fourth sub-questions. However, the suggested source is unrealistic and therefore the explanation is invalid.



Make sure the whole package of the 4 sub-questions is focused on the broader enquiry in the question.

### **Question 3**

This was a straightforward question and many candidates wrote confidently about the shift from a belief in miasma, the Four Humours or spontaneous generation, to a more scientific understanding of the cause of illness based on knowledge of microbes or of genetic or lifestyle problems.

However, a sizeable minority asserted that the main belief about the cause of illness in the years c1700-c1850 was the idea that God had sent illness or a belief in the supernatural. Others were unsure of the date of Pasteur's germ theory and thought that people understood about microbes in the period c1700-c1850. This meant that the difference being identified was invalid and it was difficult to award many marks even when the knowledge of one set of ideas about the cause of illness was very detailed, if that information was not being used to support a difference. Some answers strayed from the focus on ideas about the cause of disease and included details about prevention or treatment. For example, some answers compared the idea of miasma with vaccination or Salvarsan 606.

Candidates should aim to explicitly identify a difference in the ideas of each period and then offer evidence from both periods to provide support. For example, the difference could be the shift from the rational explanation of illness, based on empirical evidence about the link between hygiene and health, to a scientific understanding of microbes causing disease or inherited genetic conditions.

Some answers simply juxtaposed ideas about the cause of illness from the two periods without actually saying what the difference was. 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. 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 many candidates scored the full four marks, some wrote far too much. Answers providing details on the Four Humours, Pasteur's germ theory or healthy lifestyle campaigns demonstrated excellent knowledge in support of a valid comparison but could not be rewarded beyond four marks and possibly the time taken here affected the completion of the longer answers which carried more marks.

3 Explain **one** way in which ideas about the cause of illness in the years c1700–c1850 were different from ideas about the cause of illness in the years c1900–present.

People ~~did~~ believed in disease and illness came from miasma in the years c1700–c1850 which is bad smells which is proven to be wrong as from c1900–present people have now realised illness and disease is caused by bacteria and germs which was scientifically proven by Robert Koch.



The answer identifies a valid difference in the beliefs about miasma and bacteria as the cause of disease. Supporting detail is offered to explain the idea of miasma and to show that Koch identified the microbes causing several diseases



Make sure supporting detail is offered about each of the periods named in the question.

3 Explain **one** way in which ideas about the cause of illness in the years c1700–c1850 were different from ideas about the cause of illness in the years c1900–present.

Industrial  
Choreal

Between the years of 1700–1850, illness was still believed to be transmitted through miasma or bad smells. It wasn't until late in this time period in 1867 that John Snow showed that common diseases, in this case cholera, can be spread ~~through~~ and contracted through other mediums such as water. Between the years of 1900 to the present day however, the cause of illnesses were better understood due to ~~advancements in~~ discoveries such as magic bullets in 1909 which showed that illness was caused by germs and not miasma.



The answer identifies a valid difference in the shift from a belief in miasma to an understanding of germs as the cause of disease. However, the supporting detail is not properly focused. There is an explanation of the idea of miasma but the discovery of magic bullets was a consequence of the new understanding of the cause of disease rather than a part of it. The details about John Snow are not relevant since Snow's discovery was about the transmission of cholera rather than an understanding of its cause.



Make sure the supporting detail is linked to the point being made.

## Question 4

The Renaissance period seems well-known and candidates produced detailed explanations of the work of Vesalius and Harvey, showing how their experiments proved that some of Galen's ideas were wrong and therefore his authority as the basis of medical training began to be challenged.

Many answers linked these discoveries to the development of the printing press, showing that ideas could spread more quickly and that the Church's control declined. These answers also often stressed that this progress was in knowledge of anatomy and physiology rather than understanding the cause and treatment of disease. Where comments on the printing press were unsupported with specific examples, it was difficult to display high-level analysis. Generalisations about the role of the printing press in advancing medical knowledge often over-stated its importance, assuming that the general public bought medical texts and that accurate knowledge about the cause and treatment of disease was now widely available.

It was particularly pleasing to see a number of answers which were knowledgeable about the work of Sydenham. Comments included his emphasis on studying the symptoms of disease and his differentiation between measles and scarlet fever and also the fact that his book became the standard medical text in the late 17th Century.

The declining authority of the Church was seen as a key factor in the progress of medical knowledge. Weaker answers tended to state that the decline in the Church's authority allowed Galen's ideas to be challenged but stronger answers explained that dissections were performed more often, undermining reliance on Galen and leading to medical training being changed. Other points were made about the work of the Royal Society encouraging investigation and sharing knowledge although some candidates assumed this was a medical society and also that the general public were conversant with the Society's published transactions.

It was pleasing to see that a number of answers were awarded full marks and it was noticeable that many of these were relatively concise. These candidates had understood the focus on explaining causation and provided enough detail to support their explanation without becoming descriptive while some answers that were very detailed and had excellent knowledge, did not develop the analysis of causation.



4 Explain why there were improvements in medical knowledge in the years c1500-c1700.

(12)

You may use the following in your answer:

- Thomas Sydenham - symptoms <sup>observed in</sup> <sup>clinical</sup> <sup>medicine</sup>
- the printing press 1440 - RS 1660

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

Vesalius  
Jawbone ①  
Chemical  
preservation  
on the fabric

The most significant reason to the improvements in medical knowledge between 1500-1700 was the increased communication of ideas. In 1660, the Royal Society was founded, this meant that scientists could talk about ideas and share their beliefs together. This was significant as people began to question olden ideas ~~about~~ <sup>from</sup> Hippocrates and Galen which sped up the rate of change of cause and treatment of disease were tested through individuals like Sydenham and Vesalius. Communication of ideas also began across the general public leading to increased medical knowledge through the introduction of the Printing press in 1440 which continued to be used through 1500-1700. This increased the need of literacy, meaning education was valued and people began to become literate and willing to question ideas. This was significant as medical knowledge therefore increased as people wanted evidence for new medical theories, which led to ~~the~~ ~~stopping~~ stemming away from theories like the

#### 4 humours from Hippocrates and Galen.

The second most significant reason was due to the work of Vesalius. He increased medical knowledge as he disproved Galen's theories like how the Jawbone was 2 bones; ~~it~~ he realised that it was one. This improved medical knowledge as people accepted, due to their want of rational explanations following the Printing Press, that Galen's work was incorrect. Due to the decline in the Churches power following the Dissolution of Monasteries in 1536, Vesalius performed dissections of deceased prisoners, he emphasized that Galen's work was incorrect due to how he dissected animals, not humans. This increased medical knowledge as dissections of human corpses were used then ~~that~~ ~~planning~~ within training of physicians so treatments could be made surrounding human anatomy. This is not as significant as increased communication, as without this, Vesalius wouldn't be prompted to dissect.

The next significant reason to why there was improvements in medical knowledge was due to the work of Sydenham. Sydenham emphasized the importance of observing symptoms when deciding

treatments and published his findings in his book *Observations Medicae*. This was significant as it meant disease stopped being generalised and emphasized how there was a wide range of causes and treatment per disease. Sydenham was also inspired by the work of the Royal Society and Printing Press to go out and question disease.\*

Overall, I think the most significant reason for improvements in medical knowledge was the increased communications as people questioned what they were told and it led to breakthroughs by individuals.

\* However, this is not as significant as other factors



The answer reaches Level 4 for Assessment Objective 2 (analysis), with a sustained focus on the question throughout the answer.

Assessment Objective 1 (knowledge and understanding) is also Level 4. There is accurate and relevant supporting knowledge on Vesalius, the Royal Society, the printing press and Sydenham.

It also covers 3 aspects of content.



Be clear about how each point being made relates to the question.

4 Explain why there were improvements in medical knowledge in the years c1500–c1700.

(12)

You may use the following in your answer:

- Thomas Sydenham
- the printing press

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

~~One key that here~~

One reason why there was improvements in medical knowledge from c1500 - c1700 was the change in ideas from people such as Thomas Sydenham. Thomas Sydenham <sup>Listed</sup> ~~listed~~ the symptoms of diseases which improved his ability to diagnose illness from its symptoms. He also ~~was~~ went against the theory of opposites and started to treat for disease with rest and good food. He increased knowledge about disease and started to develop alternatives to bleeding and purging.

Another reason why medical knowledge improved was the printing press. The printing press allowed for more copies of books to be produced quickly and cheaply. This improved the spread of new ideas such as those of Sydenham and Harvey. This meant that more people could publish their ideas for



a larger amount of people. The printing press also allowed the books of Galen and Hippocrates to be spread further and people took on their inquisitive nature and started to question previous medical discoveries. This allowed people to move past the theory of the four humours in science.

A third reason why medical knowledge increased was the decrease in support for the church which allowed people to break away from the church's medical beliefs. People stopped supporting the church after the black death because it had not helped them enough. So they began to look for alternatives to help them get better. This change allowed doctors to go against the beliefs of the church and still have their ideas supported. This meant that new ideas from Muslim and Greek & Sydenham could be accepted.



The answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 3. There is a clear focus on reasons why knowledge improved – new ideas being promoted by individuals, the role of the printing press in spreading knowledge and the decline in the Church’s authority. However, the significance of these reasons is not fully developed, so this is not a strong Level 3. For example, the paragraph on the printing press mentions Harvey without any explanation and says that the printing press allowed the ideas of Hippocrates and Galen to be spread.

The knowledge and understanding (AO1) is mostly accurate but not precise; it is Level 3.

Although 3 aspects of content are covered, allowing access to the top of Level 3, performance is not strong and therefore the ‘best fit’ approach produces a mid-Level 3 mark of 8.



Make sure the supporting detail is linked to your analysis and not simply describing the situation.

## Question 5

This was a popular question and most candidates understood the premise that Galen's continued dominance actually inhibited progress in care and treatment.

Galen's ideas were well known and there were some answers which described the Four Humours and Theory of Opposites at length and then stated that such ideas were ineffective in treatment. However, the majority of answers went on to explain that Galen's ideas were the basis of medical training for physicians and therefore progress was unlikely until Galen's authority was successfully challenged. These answers often explained why the Church found Galen's ideas acceptable and also how the Church controlled education and medical training. Strong answers also used this to challenge or modify the statement in the question, explaining that without the Church's dominance, Galen's ideas would not have been preserved and possibly more dissections would have led to better understanding of the body.

However, many candidates assumed that the Church was deliberately preventing progress and without the Church's dominance, progress in understanding of disease would have automatically occurred and effective treatment would have been available. Candidates tended to ignore the fact that while people had a common sense of understanding that hygiene was linked to disease, they still lacked the knowledge that would provide effective treatment and indeed, proper understanding of disease did not develop until long after the decline in the Church's authority. It was therefore pleasing to see that a number of answers recognised that the situation was not quite so straightforward as assuming everything could be attributed to Galen or even to Church control. These answers explained that Galen's ideas were logical and sometimes seemed to work, or that other ideas such as the influence of astrology or the idea of miasma, were also incorrect. In this context, treatment would remain ineffective without a proper understanding of disease and this was unlikely to develop since the level of medieval technology meant that microbes could not be studied. A number of answers also showed a good understanding of medieval society by explaining the reluctance to move away from generally accepted ideas.

Other challenges to the statement were based on the fact that many people relied on herbal remedies, which were not based on Galen's ideas and pointed out that these were often effective in cases of minor illness.

'Care' was usually discussed in terms of monastic hospitals and many candidates could explain that the seriously ill were not admitted and the focus of these hospitals was 'care not cure'. These comments were frequently negative, blaming the Church for not doing more without recognising that few other hospitals existed and that there was no effective treatment for serious illness. It was also frequently asserted that these hospitals were dirty and unhygienic. While it is true that patients often shared beds, religious institutions usually had high standards of hygiene (judged by medieval standards).

There was little discussion of care in the home or the role of the apothecary.

Candidates were confident on the main aspects of content in this question and it was very pleasing to note the number of strong answers that developed their own judgement linking the role of Galen and the Church, Galen and public attitudes or discussing other aspects of medieval medicine and care. There were some excellent answers in which a sense of an argument and evaluation developed consistently throughout the answer and then in the conclusion, explicit criteria was applied to explain the final judgement.



I disagree with the statement that the main reason why medical care and treatment was ineffective during the medieval period, was because medical knowledge was based on Galen's ideas, because I believe other factors such as Religion, hospitals, and education had a greater impact.

Some people may agree with the statement that the main reason why <sup>cal</sup>medieval care and treatment was ineffective during the medieval period was because medical knowledge was based on Galen's work. This is because an individual like Galen bought about the idea of The Four Humors, stating that disease was caused by internal factors in our bodies. So, the Theory of Opposites was seen as the correct care and treatment for it. For example, if your body was of an abnormally high temperature, cucumber would be used to 'cool' you. If your body was abnormally cold, chilli would be used to 'warm' you. Because Galen was such a respected individual, medieval people took his ideas as being perfect and so they were unchanged for over 1000 years. Due to this, the ~~same~~ quality of medical care and treatment during the medieval period was highly ineffective, as many refused to see Galen's ideas as incorrect.

However, I disagree with the statement that 'the main reason why medical care and treatment was ineffective <sup>during</sup> ~~because~~ the medieval period was because of ~~Galen's~~ medical knowledge was based on Galen's ideas', because I believe it was mainly due to <sup>the Church</sup> ~~religion~~ <sup>religion</sup>. The Church heavily influenced medieval society and created disease was a punishment from God. Therefore, care and treatment was praying, donating to shrines, and pilgrimages. Due to the Church's high and powerful status, no one challenged their ideas because it was believed that if you did, you were challenging God and would be sent to hell. As a result, medical care and treatment was ineffective during the medieval period because the strong Catholic medieval society believed in the Church and were afraid to challenge them. The Church also links to Galen's ideas as the Church also believed in his theories and so they were deemed as reliable to society as well.

I also disagree with the statement that 'the main reason why care and treatment during the medieval period was ineffective was because medical knowledge was based on Galen's ideas', because I believe education had a <sup>greater</sup> ~~bigger~~ impact. Education was poor at the time and very simple. Nothing was taught about care and treatment and no new ideas were brought about. This was due to the fact that education<sup>al</sup> systems e.g. schools were run by the Church, hence why the Church had the greatest impact, because they limited everyone's knowledge to be fixed onto

their beliefs and teachings. They also banned dissections as they said the body would not go to heaven. This again, limited knowledge and any sort of progression into ~~the~~ care and treatment ~~in~~ in medieval society.

Finally, I disagree with the statement ~~because~~ that 'the main reason why care and treatment during medieval times was ineffective because medical knowledge was based on Galen's ~~work~~ ideas,' because I believe hospitals had a larger impact ~~as well~~. Hospitals in medieval times were not places of recovery, care, or treatment, but rather places of rest. This meant that staff were not medically trained, nor was it a place to go to get treated. This links to the Church because the Church ran hospitals, which were run by monks and nuns. Therefore, yet again, care and treatment was ineffective because of the Church's power in medieval society.

In conclusion, I disagree with the statement that <sup>medical</sup> 'the main reason care and treatment was ineffective was because medical knowledge was based on Galen's ideas,' because I believe the main reason is the Church because the Church influenced all other factors and also dominated ideas on care and treatment during the medieval period. Due to their the strong catholic society, the Church was unchallenged, and so for a very long time, care and treatment was ineffective.



The analysis is focused on the question and offers a consistent line of reasoning which clearly explains the influence of various factors making treatment and care ineffective. This therefore meets the Level 4 demands of the mark scheme for Assessment Objective 2 (analysis).

There is also a good range of precise knowledge and a good understanding of society, meeting the Level 4 criteria for Assessment Objective 1 (knowledge and understanding).

It covers 3 aspects of content and also addresses both care and treatment.

The judgement considers the impact of various factors and their relative importance is discussed in the conclusion.

This has met all the demands of the mark scheme at Level 4 and was therefore awarded full marks.



Plan your answer before you start to write it; this will help you to develop a consistent line of argument.

I agree with the statement that 'medical care and treatment was ineffective during the medieval period because medical knowledge was based on Galen's ideas' because I know that the Church clerically said that Galen's ideas were correct and anyone who disagrees is going against God, therefore and everyone was religious and so wouldn't challenge the ideas.

~~Furthermore~~ <sup>However</sup>, treatment was ineffective as the Theory of Opposites was ~~an~~ <sup>an</sup> a common belief which was not an idea of Galen's ~~which~~ which caused many treatments to be ineffective as the theory commonly did not work. Fever was treated with cold things and this ~~did~~ rarely worked. I ~~disag~~ <sup>also</sup> agree with the statement because hospitals followed Galen's ideas which also led to more ~~ineffective~~ treatments. However I disagree with <sup>the</sup> the statement as 'quack remedies' were also a common

treatment which was ineffective.  
Overall I agree with the statement because the Four Humors, an idea by Galen, was the main cause of ineffective treatment as everybody treated illness this way due to the church and this rarely ever worked. Purging and bleeding often caused the patient to die, ~~at~~ and these ideas were prolonged by the control that the Church had.



There is a clear focus on the question and some of the analysis is valid, for example, the role of the Church. This fits the Level 2 criteria for Assessment Objective 2 (analysis).

Assessment Objective 1 (knowledge and understanding) was also marked at Level 2; the answer lacks detailed evidence but the knowledge is broadly accurate (although it says the Theory of Opposites not an idea of Galen's).

It does cover 3 aspects of content but it focuses on treatment and there is little coverage of care.

The judgement is not clear since the answer both agrees and disagrees with the statement in the question but it does offer a judgement and explanation at the end.

All elements of the Level 2 mark scheme were met, so a mark of 8 was awarded.





Make your overall judgement clear from the start; you should look at both sides of the issue but just saying you agree with the statement and then saying you disagree with it is not the same as saying how far you agree or which parts of the statement you think are correct.

## Question 6

Answers showed good knowledge about the role of government in public health, discussing Chadwick's report, the 1848 Public Health Act and the 1875 Public Health Act in order to explain the government's shift from a laissez-faire attitude to one where the government accepted greater involvement and responsibility. John Snow's work on cholera, the Great Stink and Bazalgette's sewers were all mentioned.

The government's actions in making smallpox vaccination compulsory and later vaccinations in the 20<sup>th</sup> Century were also discussed and, in some cases, the Liberal reforms of 1906-1911. Candidates wrote confidently about more recent government actions, for example anti-smoking, 'Change4Life', and '5 a day' campaigns. These were all used to show the government taking a more pro-active role in issues affecting health and usually the explanation was clearly focused on the role of the government. However, in some cases, a poor sense of chronology suggested that these changes were happening in the 19<sup>th</sup> Century and that they were linked to the 1875 Public Health Act.

The significance of the government's role in the NHS was also well known and detailed explanations were given showing the change from having to pay for doctors' visits and treatment to a system where this was provided and high-tech specialist care was available to everyone.

There were also attempts to discuss the government's role in research and the development of treatment but these comments were often less secure. Candidates were often unsure about whether the government funded research or they used examples of the French and German governments funding the work of Pasteur and Koch or the American government funding the development of penicillin. Stronger answers pointed out that the development of magic bullets or penicillin had limited effect on people's health until the provision of treatment was funded by the NHS.

Many knowledgeable answers remained at Level 3. They could show the importance of the government's role in public health, in treatment, in research and diagnosis etc but they did not address the central point of the question which was whether the main development in the government's role had been providing access to care and treatment.



The role of the government in providing health services has evolved massively during the course of the history. Governmental attitudes towards ~~more~~ ensuring health shifted from 'laissez-faire' to more involved, shown through the establishment of the NHS and the Public Health Acts.

One of the most arguably important measures taken by the government is the introduction of the NHS in 1948. This revolutionised medicine after the minister of health Beveridge sought to make sure everyone could access the same levels of treatment and medical care. The NHS improved the lives of millions of people and raised the standards of care by providing free services and access to a wide range of technology designed to diagnose and treat disease such as endoscopes and CT scans. This clearly highlights the significance of the NHS as it improved the lives of millions of people by providing

own services they would not be able to perform afford, ones showing why the NHS is the most important change that led to access and provision of medical treatment established by the NHS Government.

Another important measure taken by the government is the Public Health Act 1875. Civil servant Edwin Chadwick commissioned a report that highlighted the poor levels of public health causing the poor and the government in response created the Public Health Act. This act forced councils to upgrade their sewage systems, clear rubbish off the streets and ensure the overall sanitation of the houses and streets. This was highly significant as it sought to improve the overall health of the public, rather than just provide medical treatment when illnesses arise. This could be argued to be the most important role of the government in the years 1800-present day as it led to the increase in life expectancy and the overall improvement of living standards, ones

improving the lives of the people in Britain. However, it can be argued that without the ~~Public Health~~ NHS, the public health act would have had a limited effect on the life expectancy as the NHS provided the services that allowed the life expectancy to increase.

On the other hand, the most important role of the government in the years 1800 - present days ~~is~~ could be argued to be the healthy lifestyle campaigns. For example, ~~the Clean Air Act~~ was passed in in the 1950s, the government began healthy lifestyle campaigns that encouraged people to live better lives through exercise and healthy eating and the reduction of bad habits such as smoking and excessive drinking. These ~~also~~ sought to educate people about the impact of their lifestyles on their health as germs are not the only cause of disease. This led to the overall improvement in the standards of living of the people and more discovered on what



causes disease. However, a large number of these campaigns were provided by the NHS, highlighting its significance.

In conclusion, the ~~to~~ main role of the government has ~~not~~ evolved over time. The most important role, however, is the ~~provision~~ providing of medical care and treatments through the NHS which revolutionised medicine as everyone was able to access it. The NHS also ~~promoted~~ brought the importance of good hygiene and healthy lifestyles, which had a huge positive impact on the lives of people during the years 1800 - ~~present~~ present day.



The answer displays Level 4 qualities of Assessment Objective 2 (analysis) offering a line of reasoning and consistent analysis. The candidate considers the importance of government action in creating the NHS which provided equal access to health services; the importance of the Public Health Act, 1875, which 'forced' councils to take action and shows the significance of government action in anti-smoking and healthy lifestyle campaigns.

There is good knowledge on the various aspects of the government's role, so it displays Level 4 qualities of Assessment Objective 1 (knowledge and understanding).

3 aspects of content are covered.

Judgements are made throughout the answer, applying criteria and the conclusion justifies the judgement that the NHS is the most important aspect of the government's role in medicine.

This answer has met all the demands of the Level 4 mark scheme and received the full 16 marks.



Make sure you respond to the actual question asked and don't try to repeat an answer you have done previously.

I agree to a large extent,

One reason why I agree is because of the role of the NHS National Health Service. Since it was introduced to us in 1948 the country's death rate has declined a significant amount. The government funding it means it's free for anyone in the UK to use. This leads to a higher birth rate and lower death rate. It has been vital to the country and the most important development in medicine the government has ever provided.

Another reason why I agree with the ~~stat~~ statement is because of the 1875 public health ~~act~~ <sup>act</sup>. The 1875 public health act meant that everyone had to have vaccinations and the government funded them.

This led to a decrease of certain diseases such as ~~cow-pox~~ <sup>smallpox</sup> because of vaccinations that cured and prevented it. The public health act also meant ~~the~~ the streets needed to be clean to avoid risk of infection. The health act was an important step that the government took to improve well being of the country.

one reason why I disagree is because ~~the~~ of Florence Nightingale, Florence Nightingale could be the main reason why hospitals are clean and germ free. Without <sup>her</sup> ~~her~~ <sup>are</sup> understanding of infection ~~and~~ would be <sup>different</sup> and the hospitals would not be as clean. It could be argued she is the best thing that Government ever funded in the years 1800 - present.

In conclusion the National health service is the most important development the government has ever made in the years 1800-present.



The answer does develop a line of reasoning about the importance of public health and the NHS but the importance of the government's role is less developed.

This fits the mark scheme for Assessment Objective 2 (analysis) at Level 3 but is weak within the level.

The details are mainly valid but a little limited. This is Level 2 for Assessment Objective 1 (knowledge and understanding).

3 aspects of content are covered.

Judgement is asserted with little explanation.

A 'best fit' approach reconciles weak Level 3 performance in Assessment Objective 2 (analysis), Level 2 performance in Assessment Objective 1 (knowledge and understanding) and Level 1 quality judgement, producing an overall mark of 7.



Show that you have covered the timescale in the question. Smallpox vaccination is mentioned but this answer would have been stronger if it had also mentioned modern vaccinations such as polio, TB or HPV.



## Paper Summary

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

- Candidates need a secure understanding of the chronological periods and terms used in the specification as well as the term 'century'.
- Candidates need to understand the themes within the specification – ideas about the cause of disease, treatment and prevention.
- A number of answers failed to reach the highest level because they were not focused on the specific question being asked or did not deploy precise details.
- It is not necessary to use the question's stimulus points and candidates should not attempt to do so if they do not recognise them; however, candidates should aim to cover three aspects of content.
- While there was good knowledge of some topics, candidates cannot rely on knowing just a few key topics and hoping to use that information whatever question is asked.

## Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:

<http://www.edexcel.com/iwantto/Pages/grade-boundaries.aspx>



