



Examiners' Report

Principal Examiner Feedback

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Pearson Edexcel GCSE

In History (1HI0) Paper 11

Paper 1: Thematic study and historic environment

Option 11: Medicine in Britain, c1250-present and The British sector of the Western Front, 1914-18: injuries, treatment and the trenches

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Introduction

The answers seen suggest that this paper was taken by candidates of the full range of ability. There were some blank answers but this seems to have been as a result of lack of knowledge rather than problems in completing the paper within the time allowed.

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.

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.

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. They should also realise that stimulus points given in one question are unlikely to be relevant to another question and any attempt to use them in this way usually means that those sections of the answer are irrelevant and the answer lacks coherence.

Question 1

This question always asks candidates to provide details about something named in the specification. It was therefore disappointing to see that a number of candidates lacked knowledge of the Thomas splint and relatively few answers scored the full four marks. A few answers knew that it was used specifically for leg injuries and that its purpose was to support broken bones while in transit to the Casualty Clearing Station or hospital and they easily gained the full four marks. Others pointed out that it prevented further damage and blood loss, reducing the need for amputation. The most commonly included detail was that the use of the splint reduced fatalities from leg wounds from 80 per cent to 20 per cent.

Other answers showed a general understanding that the Thomas splint was an improvement in dealing with leg injuries but they lacked precise details. Many claimed it actually healed the injury while others believed it acted as crutch and allowed injured soldiers to walk when using the splint; some candidates seem to have confused the splint with a tourniquet.

The following answer includes precise detail in the explanation of the two stated features – that the Thomas splint was used on the leg and that it reduced fatalities. It was awarded four marks.

**SECTION A: The British sector of the Western Front, 1914–18:
injuries, treatment and the trenches**

Answer Questions 1 and 2.

1 Describe **two** features of the use of the Thomas splint.

Feature 1

The Thomas Splint was used to stop the ~~movement~~ movement of a Soldier's fractured femur. This was important as excessive movement ~~would~~ would cause the Soldier to injure themselves more.

Feature 2

Using the Thomas Splint helped save some lives and make fixing fractured femurs ~~easy~~ easier. After the Thomas Splint was used in 1915, ~~around~~ ^{only} 20% of Soldiers died from fractured femurs.

Question 2a

It was pleasing to see that many candidates offered good comments about the content and provenance of the sources. However, a number failed to include any comments based on additional contextual knowledge, which prevented the answer reaching Level 3.

The majority of candidates understood the sources and were able to link their content to the enquiry and explain how useful the sources were for an enquiry into the effects of gas attacks. Candidates used Source A to describe the appearance of the gas and its physical effects on the respiratory system and Source B to describe the impact of the

effect on soldiers' eyes. Those candidates who did develop their arguments with own knowledge demonstrated good knowledge of the different gases (chlorine, phosgene and mustard) and a secure knowledge of the first use of gas at the Battle of Ypres in 1915 and the introduction of gas masks later in the First World War.

Those candidates who used the provenance of the sources showed the significance of the fact that Source A was written by a surgeon who worked on the Western Front and so would have expert knowledge and personal experience of the effects of a gas attack. The photograph in Source B was seen as useful because it showed the impact of a gas attack but it was also recognised that this was a snapshot of one moment and only shows the effects of one gas attack.

There were also a number of answers which tended to dismiss a source as not being useful because of information it did not contain. Since the question asks candidates to evaluate the usefulness of a source, it is valid to note the limitations of a source but these need to be weighed against the positive aspects; an answer which focuses on 'missing' information is unlikely to score highly.

The following answer received the full eight marks. The evaluation of each source includes comments based on the provenance and content of the source and adds relevant contextual knowledge. It is particularly encouraging to see that the comments on provenance go beyond simple statements such as the fact that the diary was written by an eyewitness or the photograph must be reliable since it was taken at the time. The comment on the provenance of Source B uses contextual knowledge of both the fact that it was taken at an Advanced Dressing Station and the date, to show the usefulness of the photograph as evidence for this enquiry.

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

How useful are Sources A and B for an enquiry into the effects of a gas attack?

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

(8)

Source A is an extract from a diary. It is useful because it provides evidence of the ~~more~~ effects of a gas attack on the soldiers. It describes a "greenish cloud of smoke" this would have been chlorine gas because chlorine is green so this source tells us of the effects of chlorine gas. The source tells us that "only sixty men out of a thousand survived that the attack". This tells us that gas attacks ~~were often~~ ^{had} ~~got~~ high fatalities. It also tells us that ~~the~~ the soldiers affected couldn't breathe they were "gasping for breath". Chlorine affected the lungs and caused suffocation. Chlorine was first used by the Germans in 1915 at the Second Battle of Ypres, the same year this source was written, so this would have been a relatively ~~new~~ condition requiring treatment at the time of the source. The source also tells us that ~~the~~ ^{one} man coughed up "discoloured phlegm" this is us. This source is a diary so would have been written close to events as

is thus likely to be accurate. ~~Dear~~ As it is a diary it was also only written for the author so isn't trying to ingeneer anyone

Source B is a photograph of soldiers after having experienced a gas attack. It is useful because it shows that the troops would have been given coverings for their eyes. These soldiers are likely to have experienced a mustard gas attack as they are holding onto one another in a chain and mustard gas could cause temporary blindness. This photo is of troops at an Advanced Dressing Station so provides evidence that gas attack ~~was~~ victims required more than just basic first aid, which is what was offered at RAPs which were first in the chain of evacuation, before ADS. The photo was taken in 1918, one year after the first use of mustard gas. ~~The~~ Photos show a snapshot of a real event but it is possible that it was staged. However, it is unlikely to be a form of propaganda as it doesn't show a positive picture of the conditions for soldiers.

Question 2b

Most answers chose to follow up the statement "Only sixty men out of a thousand survived the attack" or the description of the physical effects of the gas attack.

Unfortunately, many answers forfeited marks because they did not complete each

section of the answer properly. Some failed to identify a detail from the source in the first part of this answer, which meant that their proposed question did not follow up that detail and was therefore invalid.

It is important that the proposed question and follow-up work relate to the broad enquiry in the question, which in this case was the effects of a gas attack; follow up work asking about other weapons or injuries could not be rewarded.

Candidates should be as precise as possible when suggesting a source to help them carry out their enquiry and they should remember that this must be a primary source – suggestions of textbooks, historians or the internet will not be rewarded. The explanation of how the suggested source would help to answer the proposed question should again be specific about the type of information the source could provide. Statements such as ‘It would tell me what I want to know’ or ‘It would have the information to answer my question’ will also not gain any marks.

When multiple suggestions had been given to a sub-question, it was usually 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.

The following answer identifies a detail specifically about the effects of a gas attack and proposes a valid question. The suggested source is a specific one and a clear explanation is offered of the sort of information that source could provide. This is a good example of a simple answer that scored full marks because it recognises that the four parts of the question form a single package.

(b) **Study Source A.**

How could you follow up Source A to find out more about the effects of a gas attack?

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:

'one man's face was dark blue and with every cough he coughed up a thick stream of phlegm'

Question I would ask:

How are the survivors treated so that they can recover?

What type of source I could use:

~~Regimental~~

Regimental and post's records on how the

How this might help answer my question:

These records could tell us what is done with the men once they have arrived at the post and how they are treated

Question 3

This question asked candidates to identify a similarity between the role of the medieval physician and modern doctor and this then needed to be supported by details from each period. Many answers failed to score full marks because they either identified a

general similarity without providing details from each period or they juxtaposed details from each period but the similarity was left implicit.

Some candidates started with statement of general similarity but then provided details of difference while other answers made invalid comparisons, for example, medieval physicians did attempt to diagnose and treat illness but they did not carry out surgery.

The following answer clearly identifies a similarity in their role and supports this with very specific detail from each period, justifying the award of full marks.

SECTION B: Medicine in Britain, c1250–present

Answer Questions 3 and 4. Then answer EITHER Question 5 OR Question 6.

3 Explain **one** way in which the role of the physician in the medieval period was similar to the role of the doctor in the NHS in the modern period.

One way in which the role of a physician in the medieval period was similar to the role of a doctor in the NHS in the modern period was and is by how they treated patients with remedier. A doctor in the NHS may prescribe a drug or chemical ^{and} like Advil, Tylenol - or penicillin for pain and fever. They could ~~also~~ offer a pharmacist who would give them these prescribed drugs. On the other hand, a physician may offer ~~as~~ a prescription from the apothecary who may mix up generic herbal remedier or a certain one asked by the physician.

Question 4

Candidates should be reminded of the importance of having accurate knowledge of chronology and of checking the question repeatedly. Some answers with good knowledge of the role of science and technology did not score highly because the details given were from before the period in the question, for example, writing about Pasteur, Koch, the development of anaesthetics or antiseptics. Other answers assumed

the question was about factors leading to progress in medicine and wrote about the development of the NHS or the role of the government.

A number of answers included examples of the use of science and technology during the First World War, for example blood transfusions, or the use of X-rays in dealing with wounds. These were valid examples since the question asked about progress in medicine, and developments on the Western Front did lead to developments within medicine generally. However, candidates should be cautious about the use of knowledge from the Historic Environment in answers in the Thematic Study section, as information about the treatment of injuries would not be valid in a question about the treatment of illness.

There was good knowledge of chemotherapy and its use to cure cancer and also knowledge of the discovery of the structure of DNA and how this led to greater understanding of hereditary disease. In addition to these two aspects of progress, candidates successfully used knowledge of radiotherapy, the development of penicillin to cure infections, keyhole surgery's importance in reducing the amount of invasive surgery and the use of CT scans to diagnose tumours. The majority of candidates were able to explain how their chosen examples led to progress in medicine after c1900 and a few also explained how the rate of progress increased as one development stimulated other advances.

The following answer goes beyond simply describing examples of the use of science and technology and has a clear focus on the contribution made by science and technology to progress within modern medicine. It gives very specific details and wide-ranging examples.

4 Explain why developments in science and technology led to rapid progress in medicine in the years c1900-present.

(12)

You may use the following in your answer:

- chemotherapy
- the discovery of the structure of DNA

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

Developments between c1900-present have been remarkable changes in medicine. The development of electron microscopes was used to enhance screening tests for microbes which included those which were developed through resistance. Technology had increased widely; there were blood testing kits, tissue typing, pacemakers, diabetes machines, blood transfusion apparatus and plastic surgery. All of these helped to diagnose and treat disease more easily and efficiently. The time taken to diagnose an illness decreased as measuring symptoms was quicker. This meant that treatment and surgery was provided more quickly. Blood groups although developed pre-1900, the last group was developed post-1900. This also helped to reduce blood clots and improved dialysis, reducing kidney failure. Drugs were being mentioned and the ^{discovery} development of Penicillin by Alex. Fleming in 1929 was a huge breakthrough in science. Discovered accidentally, it was synthesised in the 1930's-1940's by Florey and Chain. This was a very important part of medicine as through Governmental funding its mass production helped troops in the second world war who were infected. It has gone onto help millions of people through the NHS and as post-operative medicine.



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This had led to the production of other antibiotics such as penicillin, vancomycin and tetracyclines. The discovery of the structure of DNA in 1953 was another major achievement in science. It allowed science and medicine to combine to 'map out' the various genetic markers in human DNA. This meant that doctors and scientists could isolate blood samples to see a person's DNA. This led to the progress in development of tests to see if patients' DNA could be monitored. This led to theories of how likely a person's DNA matches to a particular disease. The discovery of DNA led to the production of anti-cancer drugs such as Taxol. Through drug development and the ability to look at a person's DNA, newer cancer methods and tissue analysis have increased rapidly since 1953. A person's DNA (since 1986) can now be matched evenly to others for comparison.

Since 1900, the huge advances in pathology, the different types of instruments developed, the blood and tissue techniques in laboratories, the devices such as pacemakers and prosthetics have all improved medicine phenomenally. Discovering the wonder drug 'penicillin' and the structure of DNA has been instrumental in furthering medicine to help save lives.



Question 5

The work of Florence Nightingale in the Crimean War was well known but answers did not always show how this made her views on hygiene, hospital design and training for nurses important for treatment and care in hospitals in Britain. Other answers showed an understanding that Nightingale had emphasised hygiene but wrongly attributed this to a knowledge of microbes and disease, claiming that she insisted on sterile conditions, while some made exaggerated claims that Nightingale was a doctor or that she developed anaesthetics or antiseptic surgery.

The most commonly identified alternative factor leading to improvement in treatment and care in hospitals was the discovery of anaesthetics. Candidates also successfully used knowledge of the germ theory and the development of antiseptics to demonstrate improved hospital care.

Some answers missed the focus in the question on care and treatment in hospitals and wrote about public health or vaccination. Other answers contained good knowledge about the use of anaesthetics and antiseptics but did not always relate these developments to the care and treatment of patients. Poor knowledge of chronology meant that some answers did not score highly. Descriptions about care and treatment in medieval hospitals or in hospitals within the NHS could not be rewarded.

Many answers consisted of three separate sections, each analysing an aspect of hospital care but without a line of reasoning or sense of evaluation; answers needed to weigh Nightingale's importance against the importance of other improvements in hospital care and treatment, as in the following answer, which gained the full 16 marks.

Indicate which question you are answering by marking a cross in the box . If you change your mind, put a line through the box and then indicate your new answer with a cross .

Chosen question number: Question 5 Question 6

To a fair extent, it could be argued that Florence Nightingale played a pivotal role in care and treatment provided in the hospital; however, many developments in care also happened in other areas, too.

To a large extent, Nightingale's book, 'Notes on Nursing' made a great difference to the way nursing was approached. She helped solidify it from a disputed position to a respected societal role, by prioritising and "improving a patient's environment" to aid in a recovery, and by lowering the ^{mortality} ~~mortality~~ rate of a hospital in ^{six} months from 40% to 2%, which gave women a greater reputation during the war effort, and paved the way for all women to play further roles in the healthcare profession: soon after opening a school of Nursing in London, in 1876, women were also allowed to train as doctors, making her work pivotal to this change.

However, it could also be argued Simpson's work on Chloroform, the first anaesthetic, was of greater importance, in that it ~~was an introduction~~ ^{enabled} more complex surgeries to go ahead, removed the taboo surrounding surgery and made it more accessible to many, as some surgeries were too complex to go ahead with the patient unconscious (often leading to shock or the patient moving



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would make it difficult for the surgery to be precise).

However, this development was not welcomed by all, and so held back its progress. The death of Hannah Green in 1848 caused many to distrust it, and the lack of awareness as to how much dosage ought to be administered led to further issues, and sometimes caused patients to be unconscious for a few days.

In addition, religious beliefs also held back chloroform's breakthrough regarding care, as many Christians said pain in child birth was God's will and thus were set in favour of it. Nevertheless, ^{to} a fair degree, it was still popularised by Queen Victoria, when it was used during the birth of her eighth child in 1853, and encouraged many others to use it too.

However, to a greater extent, it would be argued the most important development in care and treatment was Louis Pasteur's Germ Theory in 1861, as although initially disputed, it paved the way for important treatment aspects still used today. Its significance also led to Lister's observation of germs in a wound after developing a higher magnification lens of 1000x ^{in 1830}, and led ^{Lister} ~~him~~ to later invent the carbolic acid spray in 1867, due to Lister's belief of germs being present in air, thus as well as washing his hands and instruments with it also. It meant Pasteur's ideas were used throughout the 19th century and to present day, as Pasteur's discovery enabled the birth of



antiseptic surgery, and ~~to~~ thus Lister's ideas meant the mortality rates of surgery decreased from 45.7% to 15%, meaning more lives were saved and treatment could work more effectively, as it reduced the risk of complications and infection, e.g. gangrene.

Therefore, to conclude, it could be argued strongly that Pasteur's ^{germ} theory was a greater development in the care and treatment indirectly, compared to Nightingale's efforts, as although her implemented changes made a great difference, it was essentially basic and she had no real understanding of why cleaning and sterilisation ~~was~~ reduced the mortality rate, whereas Pasteur formed the fundamental basis for all future patient treatment and care, and validated the work of other scientists, e.g. Semmelweis.

Question 6

A number of answers made comparisons between attempts to deal with the Black Death in England in 1348 and attempts to deal with the Great Plague in London in 1665. Some relevant points were made but candidates did not always appreciate that the question was about the period c1500-c1900 and answers which focused solely on the plague did not cover the question fully. There were also a number of candidates who relied too heavily on describing the actions during the Great Plague and the discovery of cholera, without explaining how each was evidence of limited improvement.

Among the strong answers, although some were able to show there were more organised attempts to deal with the plague in 1665 than in 1348, most answers weighed the continuity of ideas about miasma and the limited success in dealing with the plague and cholera against the significance of Jenner's development of vaccination and improvements in public health. There were some impressive answers which demonstrated that practical measures did reduce the impact of cholera even though this was before Pasteur's Germ Theory led to an understanding of how infectious diseases are spread.

The majority of candidates were able to write a thoughtful answer that argued the beginning of the time period in the question (c1500-c1900) saw little improvement, but that there were also some significant improvements later, especially when the government enforced change after the development of the germ theory. The following answer demonstrates a thoughtful line of reasoning and scored the full 16 marks.

Indicate which question you are answering by marking a cross in the box . If you change your mind, put a line through the box and then indicate your new answer with a cross .

Chosen question number: Question 5 Question 6

On the one hand, I agree with the statement due to the way in which people reacted to the Great Plague of 1665. This is because people still believed in miasma and consequently they were ~~not~~ preoccupied with taking measures to stop themselves from inhaling 'bad air' (such as carrying around herbs and flowers). As a result of this, the Great Plague was handled in a similar fashion to the Black Death, and thus a great number of people died. Since there was no evidence or understanding of the disease being spread by germs, most people had relatively poor hygiene standards and lived in overcrowded houses with ~~no~~ no access to appropriate sanitation, thus proving that there was little improvement in dealing with disease in the years c1500-c1700, as the Great Plague was handled very similarly to ~~the~~ the Black Death.

However, on the other hand, I also disagree with the statement because the actions of Dr Snow during the cholera epidemic of 1854 showed an ~~increase~~ increasing awareness of how infectious diseases were being spread. More specifically, using statistics gathered by William Farr as well as his own research, Dr Snow noticed that almost all of the cholera cases were seen in the area around the Broad Street pump. He concluded that cholera was being spread by the water, and was proved



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correct when cases fell after he removed the handle from the pump. This is clear evidence that attitudes towards infectious diseases were changing, as people hadn't considered the possibility of diseases being waterborne prior to this.

Another reason to disagree with the statement is due to the invention and use of many new vaccines throughout the 18th and 19th centuries. Since Jenner's invention of the smallpox vaccine, Pasteur developed a vaccine for anthrax in sheep. This was followed by Koch producing vaccines for a range of conditions in humans, including ~~cholera~~ ^{rabies}. This shows a clear change in the management of infectious diseases as vaccines reduced the spread of these illnesses. Many vaccines are still used today as they are so efficient at managing infectious diseases, and were a massive improvement in the management of infectious diseases.

In conclusion, I disagree with the statement that the ^{management} ~~statement~~ of infectious illnesses didn't improve from c1500 - c1900. Although the Great Plague was handled ineffectively, Dr Snow's ~~discovery~~ ^{discovery} that the Broad Street pump was spreading cholera and the invention of vaccines shows a real improvement in the management of these infectious diseases. Vaccines in particular were so effective that they've eradicated many infectious diseases entirely.



Conclusion

There were some impressive answers where candidates demonstrated excellent knowledge in well-structured answers. However, some answers lacked detailed knowledge or did not focus on the specific question.

The following points should be noted:

- 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 and the specialist terminology
- In questions involving extended writing, 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 in their answer.
- 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.

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.

Spelling, punctuation and grammar were broadly accurate and many answers used specialist terms with confidence but 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.

