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Examiners' Report June 2010

GCSE History 5HB01 1A

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Introduction

Examiners felt that the standard of answers in this, the first examination of this unit, was generally good. The full spectrum of answers was seen, suggesting that the examination differentiated appropriately between students of different ability. The level of detail and familiarity with the material was good in many cases and problems with timing did not appear to be an issue. In some cases candidates did not have the skill to adapt their knowledge to suit the question and were not always able to consider both sides of the issue in the 16 mark question but there were also good examples of planning in the extended answer which were clearly focused on evaluation and usually produced high scoring answers; examiners noted that answers which reached Level 4 were usually excellent.

As a study in development, chronology is central to this unit. Students need to be confident in the terminology, for example 'the Renaissance' or 'nineteenth century', and also their understanding of the sequence of events. Too many answers lost marks because they wrote about events that were outside the period in question or because they could not place something in an overall context.

Other key concepts likely to feature in questions on this paper are analysis of change - why something happened / why it happened at that time / what factors were involved; analysis of continuity - why something did not change; and evaluation - what factor was most important / how much did something change / was change or continuity more important?

Minor details that would help centres to prepare candidates for future examinations include:

A reminder that the space provided for each answer is more than it is anticipated students would need; they do not need to fill each page and question 1, in particular, should be a short answer. In question 5 and 6, the spaces for parts a and b are clearly designated.

Where stimulus material is provided in questions 3 and 4 and part b of questions 5 and 6, students are not obliged to use it and could be advised to ignore it if they cannot see its relevance to the question. An example of this is question 6b where some candidates were distracted from a focus on Chadwick in their attempt to use the bullet point about Pasteur. The stimulus material is intended to remind students of the context or that they should consider both sides of an issue but full marks are possible using alternative own knowledge. On the other hand, answers which simply repeat the stimulus material will score no marks. Candidates should be encouraged to see the stimulus simply as a starting point and to draw on additional own knowledge to explain its significance, or to add further evidence for the point they are making in their answer.

Centres are also reminded that while the stimulus material in 5b and 6b will always be in the form of 3 bullet points, in questions 3 and 4 it can take the form of text or a visual image.

Students should be aware of the relationship between the extension studies and the core - while material from the extension study will not be covered in questions 1 - 4, the extension study questions may require candidates to draw on their knowledge of the core, for example to place an event in context or to make comparisons. They should also be aware that parts a and b are not necessarily linked and the bullet points in b will not help them to answer part a.

Teachers should also remember that surgery is now outside this specification and the material for Units 1 and 3 should be kept separate. There were some answers to question 3 about science and technology which focused on surgery - this was clearly irrelevant to the question on improving understanding of illness but teachers should note that surgery will not be examined in this unit and examples taken from the development of surgery will not be rewarded here.

Question 1

Generally this question was well answered but a number of candidates lost marks here because they did not respond appropriately to this question. There were three common problems, candidates made inferences about changes in nursing but did not explicitly show how that inference was based on the sources, candidates made inferences about something else, most commonly the status of women in society and candidates used their own knowledge to talk about changes in nursing, most commonly writing about Florence Nightingale.

Another problem was that some candidates wrote too much; those who had used extra sheets of paper frequently did so on question 1 but in most cases this was wasted time and effort because they had either scored the full 4 marks within half a page or they were not answering the question and therefore did not score full marks despite writing at length.

This paper is a development study and question one focuses on change between two periods. This means that an answer should use the sources in combination to make an inference about change rather than writing about, or making inferences from the sources separately. An in-depth analysis of each source is not necessary, nor is an evaluation of the sources or the inclusion of additional information. In this case, both sources related to nursing the sick and valid inferences about change were that nursing care had shifted from the home to a hospital, from the women of the family to professionals, from a woman acting independently to one working under a doctor's direction, or from a reliance on the carer producing home remedies to nursing care based on prescribed treatment. Any of these, supported by explicit reference to each source, would have scored the full 4 marks.

Use whole of lined area - demonstrate that short answer is good.

- 1 What can you learn from Sources A and B about changes in nursing in the period between the Middle Ages and the start of the twentieth century?

Explain your answer, using these sources.

(4)

Source A shows a housewife and a maid performing the roles of a nurse but in source B it says how they are 'trained and skilled workers' and it mentions them being paid wages. This shows that by 1901 nursing was considered a profession and a skilled job whereas in the Middle Ages, the roles of a nurse were just an extension of someone's duties as a maid/housewife.

(Total for Question 1 = 4 marks)



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Examiner Comments

This answer took only 7 lines to score the full 4 marks. The inference about change is clearly stated at the end and is based on details from both sources.



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Examiner Tip

Candidates sometimes lose focus if they begin by describing a source or repeating its content, so a good approach is to state the inference in the first sentence and then support it with details from both sources. A few minutes thinking through the question and the sources can produce a short and well focused response.

1 What can you learn from Sources A and B about changes in nursing in the period between the Middle Ages and the start of the twentieth century?

Explain your answer, using these sources.

(4)

In ~~source~~ source A it shows housewives acting as nurses for ill people and making their own medicines. But in source B it shows that nurses had some qualifications and had skills and had proper ~~to~~ treatments for ill people prescribed by a doctor.

(Total for Question 1 = 4 marks)



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Examiner Comments

The use of the word 'but' clearly indicates some comparison has been made and that the candidate has understood that change has occurred. However, the change is not identified so the answer remains at Level 1.

Question 2

Most candidates were comfortable with the format of this question, (a question with an internal choice of focus), but some students did try to include both examples and a few made comparisons between them.

As was demonstrated in the Sample Assessment Material, this question focuses on key ideas and specific examples. In this case, the over-arching theme was a discovery's limited impact on medical treatment. Students who knew their material and recognised this focus easily reached Level 3 but many answers remained at level 2 because they provided descriptive or narrative details about the discovery or because they provided a rehearsed answer about why the discovery was important, or whether Fleming deserves the credit for the discovery of penicillin.

Examiners reported that Fleming and penicillin was the more popular choice but that Harvey was better done. Candidates were often able to explain that Harvey's discovery of the circulation of the blood was about physiology and had little relevance to medical treatment since theories about disease and therefore treatments were based on the Four Humours, miasma, supernatural causes etc. Answers also included explanations about the dominance of Galen's ideas and treatments, and the reluctance of physicians to accept new ideas or any challenge to Galen.

Candidates seemed less able to manipulate their knowledge about the discovery of penicillin to fit this question. The story of Fleming's accidental discovery was well known but answers often focused on the later development of penicillin and the role of Florey and Chain. The question clearly stated 'Fleming's discovery of penicillin in 1928' and while funding, technology and limited support may have been relevant to Fleming's failure to develop penicillin further, most comments about the inability to purify and mass produce penicillin, lack of funding, lack of government support, lack of technology, were based on Florey and Chain, with many references to the context of the Second World War. Candidates tended to assume that Fleming worked with Florey and Chain, or that he did not publish his findings. A few candidates were able to explain that Fleming discovered penicillin by accident and it was not the focus of his research and since he could not purify penicillin in large quantities and did not see how it could be developed for medicinal use, he therefore published his findings and returned to his original research.

that there were no holes and was impossible for blood to get through. Harvey published a book called "the Motion of the Heart in animal" in 1628.

Harvey's discoveries improved the physiology side of medicine but did not have any ~~effect~~^{effect} on medical treatment at that time. This is because people did not fully understand the cause of disease so it was unlikely that the treatment of diseases would be any helpful at curing it. Harvey's discovery was one of the first to challenge Galen's ideas but did not change the medical treatment of diseases at that time.

**ResultsPlus**

Examiner Comments

The final paragraph of this answer is very clear that Harvey's work had limited impact because it was not relevant to contemporary medical understanding of disease but it is also supported by good detail about his discovery and how it fitted into the context of medicine in the seventeenth century.

(Total for Question 2 = 9 marks)


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Examiner Comments

This answer on Fleming has responded to the focus of the question; it is securely based on reasons why penicillin was not further developed in 1928 rather than telling the story of its later development.

2 The boxes below show two important discoveries in medicine.

Choose **one** discovery and explain why it had such a limited impact on medical treatment at the time.

(9)

William Harvey's discovery of the circulation of the blood in the seventeenth century.

Alexander Fleming's discovery of penicillin in 1928.

Alexander Fleming's discovery of penicillin in 1928 had a limited impact on medical treatment at the time because Fleming lost interest. Fleming, by chance, discovered ~~at~~ ^{that} something in mould killed bacteria, but Fleming didn't push this discovery further and left the mould. However, he did record his experiment ~~in a~~ down. Later on Florey and Chain discovered it and developed it further. The other reason why it had such a limited impact on medical treatment at the time was it took so long for the discovery to be developed further to help treatment. If communication was better at the time, Florey and Chain might of found Fleming's ~~&~~ report quicker. It also had a limited impact on medicine at the time because the active ingredient in mould which killed bacteria was something like 1 part in 2 million. It took such a long time to actually make enough of the ingredient, therefore penicillin had made ~~a~~ little impact at the time.


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Examiner Tip

Analyse the question carefully - if there is a date in the question, it is probably significant.

Question 3

This was a popular choice but it did reveal a problem in students' grasp of chronology. A huge number of answers offered the invention of the printing press as an example of technology improving medical understanding since 1850. Even where this could be applied to specific examples after 1850, such as Pasteur's germ theory, the explanation lacked a secure context, for example there were few references to what was printed, eg articles in medical journals or to ideas being publicised by the media - the assumption was that the printing press made medical theories directly accessible to the general public.

Luckily most students were able to develop other, more relevant examples of science and technology. The germ theory was explained as a scientific development, disproving the theory of spontaneous generation, and therefore improving scientific understanding of the cause of disease. Improvements in the microscope were shown to have played a role in the work of Pasteur and Koch identifying individual microbes and in Franklin's photograph of the DNA double helix. X rays were usually explained in terms of locating broken bones or bullets but some students showed that they could help diagnose TB or tumours and other examples of diagnostic technology included the endoscope, CAT, MRI, PET and ultrasound scans. It was pleasing to see a number of good answers explaining how the scientific understanding of DNA and the Human Genome Project helped to increase understanding of genetic and hereditary problems (cystic fibrosis and Down's Syndrome were most commonly cited). However, examiners commented that some answers about DNA were clearly based on television programmes rather than historical knowledge since they focused on DNA being used to identify a child's father or to catch a criminal.

The main reason that detailed answers failed to progress to Level 3 was that they focused on the role of science and technology in medicine rather than in 'improving medical understanding of illness'. In some cases, students tried to evaluate the importance of science and technology by comparing it to other factors, such as the role of government but this was not asked for by the question and therefore could not be highly rewarded.

The microscope allowed Louis Pasteur to ~~find~~ discover his 'germ theory'. People had been complaining on how their beer had been ~~going off~~ 'going off'. Pasteur's idea is that there must be some kind of organism that gets into the beer during the brewing process. He took samples and studied them with the newly-invented microscope. He saw very small organisms eating away at the particulates in the beer, the sugar used to make the ethanol. He suggested that keeping the beer in an air-tight container would stop the bad bacteria from the air getting in and making the beer bad. In fact, the same way is used to stop vinegar 'going off' in the vinegar making industry. The printing press allowed Pasteur to print off many copies of his

discoveries for people to read.

Robert Koch, a German doctor, came across the ~~data~~ Pasteur's findings and decided to develop this germ theory further. With these findings, and the microscope, he managed to find the germs that infected people ~~with~~ with TB (Tuberculosis). And other followers found theories for other infections and diseases using these findings.

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Examiner Comments

This section of an answer gives a good explanation of the role of the microscope in improving understanding of the causes of illness.



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Examiner Comments

This extract shows a good understanding of the significance of the knowledge of the structure of DNA. Although it initially focuses on treatment, the answer does refocus on the question about understanding the causes of illness.

Without Crick and Watson's observation of a photograph which suggested the double helix structure of DNA, they would have kept their first, incorrect model ^{of DNA} ~~of that they had made~~. Without the knowledge that we gained as a result of Crick and Watson's work on the structure of DNA, the Human Genome Project in 1990, would never have gone ahead. We would be no wiser as to where the 30,000-35,000 different ^{genes} ~~chromosomes~~ found in the 23 different chromosomes were located in the body. Also, as a result of the discovery of DNA, we can continue to research into genetics. So far findings such as stem cells which can be used to replace faulty cells around the body, improved production of insulin for diabetics and discovering which genes caused breast cancer, have helped greatly with treatments for diseases. Furthermore, further work can be carried out in genetics in the form of ^{increasing our knowledge on} ~~understanding how~~ diseases such as Down's syndrome ~~is caused~~ and possibly finding ways to treat it.



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Examiner Tip

When you have finished your answer, read the question and then read your last sentence to check that you have stayed focused on answering the question asked rather than writing generally about the topic.

Question 4

The basic story of Jenner, cowpox and smallpox was well known but many candidates could not put it in context and did not understand the difference between inoculation and vaccination. Therefore, despite the date in the bullet point, many students said that Lady Mary Wortley Montague had her children inoculated with Jenner's vaccine. A few also said that vaccination was a cure for smallpox.

Good answers were able to explain why the prevention of smallpox was so important with good examples being provided to support their comments about the significance of Jenner's work, for example international recognition (Napoleon's army was vaccinated), or the eventual elimination of smallpox, or they showed why Jenner's vaccination was better than inoculation. Many said that Jenner inspired Pasteur but unfortunately they also stated that Pasteur used Jenner's technique to develop new vaccines. Only a few answers took the alternative approach and challenged the idea of Jenner's importance, showing that his technique was a 'dead-end' and that Pasteur's vaccines were based on identifying the specific microbes causing each disease rather than a chance link between two illnesses.

Although questions 3 and 4 seemed equally popular and the level of knowledge seemed comparable, the answers to question 4 seemed more likely to remain descriptive whereas in question 3 students seemed more ready to analyse the effects of science and technology on understanding of illness.

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 question with a cross .

Chosen Question Number: Question 3 Question 4

The discovery of a vaccination against small pox was important for the prevention of disease. Inoculations were only for the people who could afford them and many people suffered the side effects of inoculations afterwards. Jenner's discovery was by luck as when he went to a ~~farm~~ ^{farming} ~~town~~ ~~to~~ he discovered that most residents didn't want to be inoculated against small pox as they had already had ^{milder} cow pox. They claimed that people who had cow pox couldn't get small pox. Jenner decided to test this on a young boy by injecting the pus from a blister on an infected person into an open cut between the boy's finger and thumb. ~~The~~ The boy then



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Examiner Comments

This answer is typical of many that were seen which showed good knowledge of Jenner's work but based their comments about his importance on the assumption of a direct line of progress from Jenner to Pasteur.

suffered mild cowpox but nothing else, even when Jenner exposed him to a smallpox disease. After testing on more people, Jenner was confident that he had found a way to prevent smallpox. In the years that followed people used the same technique to prevent other diseases. ~~soon~~ after later, the government made the ^{smallpox} vaccination compulsory, meaning that everyone could get a vaccination for free. This meant that smallpox disease numbers decreased as more and more people became immune. Once the basic theory on how to create a vaccine was created and the process of vaccination, more vaccinations could be created. This meant

that more diseases such as Rabies could be prevented saving many lives.

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 question with a cross .

Chosen Question Number: Question 3 Question 4

Jenner's discovery of a the vaccination in 1796 was vital to the further understanding of how to prevent ^{all} infectious diseases later on, not just the smallpox virus, although his use of vaccination saved millions of lives and ^{smallpox} in 1997 became the only known disease to be eradicated.

Prior to Jenner's work the only methods for prevention of disease smallpox were ~~strictly~~ completely unscientific or deadly dangerous in themselves, inoculation. Vaccination was brought to from Turkey in 1721 and became a common treatment however ~~it~~ as it involved giving the disease to the patients it could lead to terrible scarring or even death.

When Jenner realized that ^{giving matter} cowpox from cowpox scabs ~~could~~ ^{people} children could prevent them from catching smallpox he was able to spread his idea which ~~was~~ led to compulsory vaccination against smallpox in 1852 this may have saved millions of ~~lives~~ people from the deadly and contagious smallpox. However Despite opposition from several groups vaccination was very successful and the number of cases began to

decline.

However ~~although~~ Edward Jenner's real significance in the prevention of disease did not come until the 19th Century, ~~as~~ although Edward Jenner knew the effectiveness of the vaccine he did not know ~~why~~ it worked subsequently no further vaccines could be developed.

Louis Pasteur knew of Jenner's discovery and began researching ~~it~~ vaccines because of it. However it was not chance that led Pasteur to understand how vaccinations worked, not Jenner when Pasteur's assistant Chamberlin bit a syringe full of chicken cholera vaccine and the air, this weakened the germs and when the chickens were injected with it they did not contract chicken cholera nor when ~~these~~ fresh germs were injected thus Pasteur knew how vaccines worked and both he and Koch were able to ^{and} develop vaccines for diseases such as rabies, tuberculosis. But without prior knowledge of Jenner's work

~~As a result~~ Pasteur would not have conducted a search for vaccines.

On the other hand Pasteur's work on germ theory was the reason that scientists were able to ^{to without} understand germs in the first place, then Koch's work on identifying specific microbes as causes of disease

Pasteur would not have been able to correlate the chicken cholera ~~to~~ virus.

Another ~~significant~~ ^{major} limitation of Jenner's work was the fact that it ~~concentrated on~~ only had impact on understanding of infectious diseases. Progress in prevention of genetic conditions did not start to appear till post 1953 when structure of DNA was discovered.

In conclusion I believe that although ~~since~~ ^{no} without Jenner's work we could have ~~no~~ ^{no} vaccinations it ~~is~~ did not affect Pasteur's ~~work~~ ^{work} was not as important as other ~~major~~ germ theory.



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Examiner Comments

This answer has a secure understanding of the work of Jenner and Pasteur. It shows the importance of what Jenner did achieve but also shows that his work had limited significance for Pasteur and the development of later vaccinations.



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Examiner Tip

If you do not see the relevance of a bullet point, don't try to use it in your answer.

Question 5

In part a, many students were able to talk about medical training and the most commonly identified key features were the reliance on the texts and theories of Galen, the lack of practical experience or knowledge of the body, and the Church's control of training. Only a few answers mentioned university training and the development of a medical degree but generally there were many good answers.

Common problems were when students did not focus on the question, which asked about the medical training of the physician, and wrote about the range of medical personnel available during the Middle Ages, or when students described treatment. Some candidates also attempted to make use of the bullet points in question 5b.

Although there were many good answers to part b, correctly focusing on the extent of continuity, they tended to be unbalanced, concentrating either on the Roman period or the Middle Ages, or demonstrating examples of continuity or change (reaching Level 3) but not looking at both sides in order to reach a judgement.

There were also a number of answers which did not analyse the question and provided detailed accounts of Roman public health or which appeared to be 'prepared answers' focusing on the concept of how much progress was made during this period.

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 question with a cross .

Chosen Question Number: Question 5 Question 6

(a) In the 13th and 14th centuries, there was training for physicians available. Many went to universities – places of learning controlled mostly by the church. They would study books on medicine, including many works by Galen, the Hippocratic collection, as well as a few newer tomes and arabic texts.

The views in these books were rigidly upheld, and training was based around the ideas inside them. Dissections were rare – only 1 was allowed every year, and so most of a physician's knowledge of ~~anatomy~~ anatomy came from books.

After completing a course at university (some could take up to 10 years of study) a junior physician would become an apprentice to an older, more experienced one. Here they would learn more practical skills; observing, taking notes and helping their tutor where they could. After serving for several years as an apprentice, they could set up their own surgery.

However, some did not take this training, as there was mostly no licence required to be a doctor. Some were Quacks – fraudulent doctors with little or no experience, many of which simply took patients money and left. Although many ~~physicians~~ physicians were trained, some did not have the qualifications expected of them.

There was a large gap between a new physician out of university and an old doctor who had been in his profession a long time. As most of their study was based on theory and books, they

(a) continued) often lacked understanding of more practical challenges – the apprenticeship ~~and~~ and further work experience helped to cover that gap, with the experience needed to succeed.

(b) There was a lot of continuity in terms of medical treatments through the Roman and ~~and~~ ^{the} Middle Ages.

In Roman times, the majority of medicine was done in the home, the father of the house being in charge of healthcare. This changed little into the Middle Ages, with only the seriously sick or the rich being taken to doctors. The ~~and~~ home treatment in the Middle Ages became the duty of the females - girls and young women from richer families were expected to have basic medical skills.

The Roman's medical ideas were based around Hippocrates's theory of 4 humours - that a person was ill if their humours were out of balance. Their treatments were linked to this - if a person was hot and sweaty, they had too much blood, and so were bled. This was also linked with Galen's theory of opposites - if a patient was too cold, give them something warm etc.

Mostly because of the Christian Church, the ideas of Hippocrates and Galen were still used in the Middle Ages - purging and bleeding to realign the humours was still common, even during the Black Death in the 14th Century. Basic theories behind treatments, and indeed the treatments themselves, changed very little.

As well as practical solutions, many superstitious beliefs were held by the Romans. They had a God of illness and healing, Asclepius, and many cures were based on prayer or evocative offerings. They also believed the stars and planets affected their operations - different alignments caused different diseases in people. Lucky charms and amulets were sometimes used to heal people.

((b) continued) // These ideas were continued in Medieval times – the planets were thought to cause disease, with many doctors thinking their treatments would ~~not~~ work at certain times of the year. The Christian Church taught that prayer would cure people, and that touching a relic or holy cross would heal wounds and illnesses. Many people relied on the Church more than doctors for medical support.

There were very few changes in home treatments and cures through Roman times and the end of the Middle Ages. New discoveries were frowned upon, the old ideas preserved. This was due to the presence of the Christian Church – Galen supported their view of one God, and would not allow his work to be questioned for fear of losing support.

All in all, there was a large amount of continuity between Roman and Medieval times.



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Examiner Comments

Part a is an excellent answer about the training of physicians, identifying the key elements of reliance on texts by Galen and the growth of university training.

Part b is also well argued and makes good use of knowledge about medicine in both periods, with points made about continuity in supernatural beliefs and in the Four Humours. However, this answer does not go on to look at areas where there was not continuity and therefore it cannot evaluate the extent of continuity.



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Examiner Tip

If a question asks how much, how far or to what extent, the answer always needs to look at both sides of the issue before a judgement can be reached.

Question 6

This was the more popular of the extension studies but students clearly had some problems in their grasp of chronology. In part a, the various ways that rivers became polluted were well known but many answers could not go further than that. There was little discussion of other sources of water, eg conduits and water sellers, the way that the growth of towns placed additional pressure on existing supplies, or the attempts by some local councils to improve the water supply, although a few answers did discuss the problems facing Colthurst and then Myddleton in their attempts to bring water to London. However, the major problem restricting many candidates was their discussion of the problems of mid-nineteenth century public health. The prevalence of cholera, the story of Snow and the Broad St pump, the work of Chadwick etc all featured here - possibly inspired by the bullet points for part b; these were not focused on the availability of water but also were clearly out of period.

However, answers for part b were generally good. Chadwick's role in highlighting the problems of living conditions and urging reform, was well known although the details offered in support were sometimes not very specific and some answers confused Chadwick with Snow or assumed a direct link between Chadwick and Pasteur. Most candidates also knew that the 1848 Act was permissive and reform was not mandatory until the 1875 Act - although again, there were few specific details offered. Yet candidates were also well prepared to assess Chadwick's importance, with many answers showing that changed attitudes were based on Snow's work on cholera or Pasteur's germ theory and better understanding of the link between hygiene and disease. Other factors considered were the work of Farr, the Great Stink, and the effects of changes in the franchise.

Nevertheless, some candidates, either through a misunderstanding of chronology or because they were repeating a prepared answer on the role of government, gave only limited detail about nineteenth century reform and provided lots of information about early twentieth century welfare reforms, Beveridge, Bevan and the NHS.

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 question with a cross .

Chosen Question Number: Question 5 Question 6

(a) During the period 1350 to 1750, people in towns found it very hard to find fresh water due to a few reasons.

First of all people living in towns couldn't get fresh water from the rivers or in towns because sewage was often dumped in the rivers. This meant that the rivers were full of disease and wouldn't be fit to drink from.

Secondly to get fresh water they would have to go to the nearest well or tub or pump but even these weren't free of disease or sewage as cesspits could have leaked into them and also the well could be a fair distance to walk with a few buckets of water.

Another reason was that, although the rich may have, the poor didn't have taps or running water of any kind. Which meant they had to go elsewhere to collect their water.

Finally because the towns were often

((a) continued) quite crowded. Many people had a demand for fresh water. So with so many people going to one well it could contaminate the water with disease and take a long time.

⊗ All these aspects meant that fresh water was very hard to come across in the period 1350-1750 and this contributed to the general unhealthiness of the population and the spread of disease.

(b) In the ~~18th~~ 19th Century Edwin Chadwick was asked to look into the lives and houses of the poor people living in England. In 1842 he published his findings in a report on the living conditions of the poor.

Edwin Chadwick found that there was correlation between the poor living conditions of the poor and the high death rate among them. This was ~~first~~ one of the first steps in the cleanup of the slums.

His ~~first~~ work was disregarded because officials didn't see it as their problem and the cost would be huge. But in 1848, ~~after~~ ^{with} a still decreasing public health, a public health act was passed. It allowed councils to provide clean water and clean up the slums but only if they wanted to. And inevitably few councils acted.

In 1861 Louis Pasteur published his germ theory. This was the missing link ~~that~~ that proved, along with Chadwick's findings, that public health was a major contributory factor to the spread.

((b) continued) of disease.

And in 1875 the government passed another health act. This time it was compulsory for all councils to provide clean water and clear out the streets. ~~Dumping~~^{Pumping} of sewage and waste in the streets and rivers was also made illegal.

Despite the cost and rise in state borrowing more public health acts were passed and public hygiene improved leading to the decrease in spread and death from disease.

In 1855 John Snow also linked cholera spread to human excrement which was spreading rapidly through the towns. This was another aspect that was backed up and helped Edwin Chadwick's report.

I think that Edwin Chadwick's findings were key and the first real steps towards the link between public health and hygiene and the spread of disease. And, along with John Snow's and Louis Pasteur's discoveries, spurred the government into cleaning up

((b) continued) *the streets of towns and cities.*



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Examiner Comments

In part a there is a good understanding of the difficulties associated with access to fresh water from various sources.

In part b Chadwick's work is placed in context to explain why it had limited impact at first but then the combination of other factors led to reform. The final paragraph is a clear attempt to weigh up Chadwick's importance.

TOTAL FOR PAPER = 50 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 question with a cross .

Chosen Question Number: Question 5 Question 6

(a) People living in towns in the period 1350-1750 had many problems getting fresh water as they didn't have the technology to ~~the~~ get it. Streets and houses were dirty and crowded and people didn't have much knowledge to know that dirty water caused disease (not until ~~the~~ John Snow's discovery much later on).

We know this because many people died from cholera, ~~the~~ a disease spread by dirty water.

With no knowledge of how disease was caused people contaminate water supplies making it very difficult to supply fresh water into the towns.

(b) In the Nineteenth Century Edwin Chadwick saw something needed to be done about cleaning up the towns, his work made great improvement to the standard of public health. In 1842 Chadwick wrote a report on the living conditions of the poor, which were terrible he saw how people were living in cellars rooms, ~~very~~ in very crowded spaces. His work was important as it contributed to the government decision to do something about public health (as they didn't think it was up to them ~~that~~ - LASSIE-FAURE this was a good breakthrough). So 1848 the first public health act was passed but it wasn't compulsory so didn't make that much change to public health. On this particular change Chadwick did not have many effects to the

((b) continued) importance of public health. It wasn't until 1875 when the Health Act became compulsory that his work really started to improve the towns, ~~the~~ the Crut come for cleaning up the streets were many people's life expectancy increased. ~~Now~~ ^{during the second public health act} people understood what caused these from Louis Pasteur's work, Chadwick's report ~~report~~ had much more effect on how people linked disease and germs.

In conclusion Edwin Chadwick ~~has~~ played a very important role in improving public health in the nineteenth century and was a very important



ResultsPlus

Examiner Comments

This answer demonstrates an understanding of many key points but cannot support them with specific details.

In part a the reference to lack of technology, mistaken ideas about the cause of disease and contaminated water supplies all had the potential to be developed; unfortunately the only supporting detail offered was about Snow and cholera which was out of period.

In part b there are references to the government attitude of *laissez-faire*, the different nature of the 1848 and 1875 acts, and Louis Pasteur. This candidate may have understood that Chadwick needs to be seen in the context of other factors but there is not a clear analysis and very little additional detail is offered to support the comments made.

Examiners were pleased to see many answers of an impressively high standard. The main reason why some candidates received low marks despite having good knowledge, was the failure to analyse the question. Some candidates responded to the topic rather than the question while others produced a prepared answer with a different focus. Students should perhaps note that time spent in analysing the question and planning a focused answer is rarely wasted. Nevertheless, the overall standard on this first examination suggested that centres and candidates had prepared well for this paper.

Grade boundaries

Grade	Max. Mark	*A	A	B	C	D	E	F	G	U
Raw mark boundary	50	39	34	29	24	20	16	13	10	
Uniform mark scale boundary	100	90	80	70	60	50	40	30	20	0

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