

Examiners' Report
June 2012

GCSE History 5HB01 1A

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Introduction

Over 27,000 students sat this examination and it was pleasing to see a large number of high quality answers, demonstrating good understanding of the key concepts and themes, supported by accurate detail. It was clear that many students had practised answers to questions set in previous papers and good examination technique allowed candidates to make effective use of their knowledge. Unfortunately, there were also some knowledgeable students who repeated their prepared answer, or who wrote about the topic but did not shape that material into an answer for this specific question.

Inevitably this report will focus more on problems that were identified and areas that should be addressed in teaching than on the truly impressive answers that were seen. However, it should be noted that a number of examiners commented that they had seen individual answers that were of A Level standard in the precision of knowledge and the quality of analysis and argument.

Unit 1 is a Study in Development and therefore students need a good overview of chronology together with an understanding of change and continuity in the key themes. However, they also need a good sense of context for each of the core periods and should be able to explain concepts such as causation, consequence, significance and the role of various factors. Students were knowledgeable on familiar topics such as penicillin, Renaissance discoveries, Roman public health, government action on public health in the nineteenth century, but sometimes did not recognise that the question being asked was not the one they had prepared in class. They sometimes struggled on other, less high profile, topics, such as hospitals or public health 1350-1650. It is important in this unit for them to know each period in depth, but also to develop a thematic understanding of change and continuity in the key themes identified in the specification: for example, to understand that the government in the sixteenth century was very different from that in the nineteenth century, or that cholera was not known in Britain until 1831.

They should also be encouraged to use examples from surgery only when clearly related to treatment. The development of antiseptic and aseptic conditions in hospitals, or the development of transplants in the twentieth century as a form of treatment, were relevant to question 3; Paré's treatment of wounds was relevant to question 4; but nineteenth century problems of surgery or the developments in anaesthetics are not part of this specification.

Students should realise that the stimulus material is merely offered as a prompt; they do not have to use it. The stimulus material may take the form of prose, a visual stimulus or bullet points and it may act as a spring board for comparison, a suggestion of key themes or events, or a reminder to cover both sides of an issue. Although many students use the stimulus material to help them structure their answer, there are always excellent answers which make little use of the stimulus, while answers which merely repeat the stimulus material without developing it will gain no marks. It is possible to gain full marks by developing the points arising in the stimulus material but students should not rely on the stimulus material as providing all they need. They must be able to explain the significance of the details offered in the stimulus material and will normally need to add additional contextual detail. There is a big difference between stating that something is an example of change, or that something was important or effective, and demonstrating it through a detailed explanation supported by relevant and accurate details.

Students should realise that when questions are set, there will not normally be any overlap of material and therefore they will not normally benefit from attempting to use the stimulus material for one question in their answer to another. Students who attempted to do so sometimes failed to score any marks because they had not recognised the different timeframes or the different themes in the questions. However, it should also be noted that the specification explicitly states that the Extension Studies may draw on material from the

core.

It was very pleasing to see evidence of planning in these longer answers and some well structured essays. However, a number of students begin their answer with an introduction which basically repeats the question ('In this essay I shall be looking at ..'). If teachers wish to encourage their students to do this in order to focus on the question, that is understandable, but it does not contribute to the mark and, especially if time is short, it could be omitted.

Examiners reported few blank pages or unfinished answers where students were clearly running out of time, and it was clear that a number of students 'worked backwards' and answered the longest question (5 or 6) first, leaving the 4-mark question 1 until the end.

Students should be reminded of the need to express themselves clearly, in accurate and grammatical English. Textspeak, colloquialisms and errors such as "he done it" or "this would of mean't" can mean that the answer is unclear but can also affect marks in the final question where Quality of Written Communication is assessed; and will also affect the allocation of specific marks for spelling, punctuation and grammar in future examinations.

There has also been a noticeable trend in the past few years of a deterioration in handwriting. Students now rarely write at length and at speed apart from in examinations and would perhaps benefit from more practice. Examiners work hard to decipher poor handwriting but it is difficult to keep a sense of the overall analysis being offered when having to constantly pause.

Question 1

In a large proportion of the scripts where extra paper was used, the paper was taken for question 1 yet this very rarely had an effect on the mark. It is possible to gain the full 4 marks in a relatively short answer so in some cases the examiner did not need to read the material on the extra page. In other cases, the student offered detail from own knowledge which could not be rewarded, meaning that some lengthy answers scored only 2 marks or even less. While this does not have much impact on the overall mark, it often has a major impact on the time available to complete the longer, more heavily weighted questions.

All that is required in this question is one inference about change, based on the sources being used in combination. Students are not expected to make separate inferences from each source or to explain why this change happened – they just need to identify it and provide a clear reference to each source. There are no marks here for discussion of continuity or for source evaluation.

However, students should be explicit about the nature of the change identified; simply stating that there has been a 'massive' change, or that the sources showed a change in attitude, is not making the inference about change clear. Saying that the sources are different (Source A suggests .. whereas in Source B ...) is not quite the same as explaining what change has occurred. Similarly, using Source B to show that change has occurred without any reference to Source A often leaves the examiner wondering if such implicit understanding can be rewarded at Level 2.

A number of answers begin with a description of the sources before identifying the change, but the best answers begin with the inference of change and then highlight the details in the sources which led to that inference. In these answers students were usually explicit about the use of each source to make an inference, for example 'The comment in Source A that women should work under supervision ...'. There is no need to copy out long quotations though: a reference to the source detail, or two or three words in quotation marks, would be sufficient to show how the inference has been drawn from the two sources.

However, the majority of students have been well prepared for this question and scored the full four marks. The most common inference was that attitudes towards women doctors have changed. From being unwelcome in Source A, where they were felt to be unsuited to be doctors or to work without supervision, female doctors now constitute almost half of the GPs in Britain and it is expected they will predominate in hospitals in the near future, which suggests they are now fully accepted within the medical profession. Some answers talked about women progressing in medicine since they were only accepted as nurses and midwives in A but were accepted as doctors in B. However, answers which discussed the role of Florence Nightingale or Elizabeth Garrett Anderson were not based on the sources and failed to answer the question.

1 What can you learn from Sources A and B about changes in the position of women in the medical profession?

Explain your answer, using these sources.

(4)

From Source A, I can learn that women were less important than men, as they had to work 'under the supervision', suggesting they were less respected and were treated more

like children.' However, Source B suggests they have overruled men, as ~~there~~ ^{to} most ~~women will be doctors~~ doctors will be women, suggesting over time they have gained a higher reputation, and have proved themselves.

(Total for Question 1 = 4 marks)



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Examiner Comments

The answer is explicit about the change in attitudes towards women, from being 'less respected' to gaining a 'higher reputation'. Brief references to each source make it clear how this inference about change has been reached.



ResultsPlus

Examiner Tip

Notice that this answer has achieved the full 4 marks in 9 lines.

From source A we learn women are seeking to enter the medical profession in 1876, a time of new diseases and scientific development. This was 30 years before the public health act of 1875 and after Pasteur had published his germ theory. Now women knew what caused disease they are more inclined to help out in the medical profession. Although to be in the medical profession, you had to be under the supervision of another qualified doctor. This was because at this time, ~~the~~ people thought men are the ones that have more knowledge than women and have a conservative attitude. This changed in 1913 as a report published by the Royal College of Physicians by 1913, women will make up the majority of GPs. This may be because of the impact

Florence Nightingale had an idea, and how she helped to improve the conditions of hospitals and made nursing for women a very respectable profession.

(Total for Question 1 = 4 marks)



ResultsPlus

Examiner Comments

This talks about attitudes towards women in 1876 (based on Source A) and says a change has occurred because Source B says women will make up the majority of GPs by 2013. It does not make clear what change has occurred and the explanation is trying to explain why a change has occurred, based on the candidate's own knowledge. Despite valid detail, this does not answer the question properly.



ResultsPlus

Examiner Tip

Start by identifying the change that has occurred and then select enough detail from each source to show how that inference has been made.

Question 2

This question seems to have produced a wide range of answers. Different examiners commented that this was generally well done and also that many answers were weak; that the option of the role of religion was answered better than the option on chance; and that the option on chance was better answered than religion! The impression received is that slightly more opted to write about religion and that, although those writing about penicillin often had good specific details, they were slightly less likely to reach Level 3 since they did not stay focused on the question.

Students should recognise the emphasis in the question stem but also the specific focus in the alternatives provided. In this case they were asked about the importance of a factor, but a number simply provided information about the factor with little explanation or assessment of its importance, or asserted its importance but did not develop the comment.

In the choice of 'Religion and care for the sick' many answers provided good detail about religion's influence on ideas about the cause of disease or medical training and explained the Church's role in the continuing emphasis on Galen's ideas. However, it was interesting to see that the Church's role was often regarded as entirely negative – prolonging the wrong ideas, preventing dissection, etc. It is difficult for modern students to appreciate that this was the often the only care available and in most cases was also the best possible care at this time.

Most answers only offered limited detail about care for the sick. Those which did focus on care could explain that most hospitals were part of religious institutions and that care included prayer, rest, herbal medicines etc. and also specialised hospitals such as alms houses, infirmaries, lazar or leper houses. Some referred to the Hôtel Dieu in Paris; and there were a few answers which contained exceptional detail about specific medieval hospitals and the influence of religion, while some candidates also wrote about the role of Islamic influences on care for the sick.

At Level 3, some answers explained the importance of religion's influence in a positive way, in view of the limited alternative provision of such care but most focused on the importance in terms of the restrictions on care – for example, that those with contagious diseases were turned away. Many also pointed out that care and basic treatment were offered rather than attempts to cure the patient, explaining that such hospitals often had an altar and a priest but not always a doctor. Answers also included explanations that the belief that illness was sent from God meant it should be accepted, and endured, and that a cure would come through religious acts such as prayer or pilgrimage.

Students seemed more confident about the topic of penicillin and often had very good knowledge, for example about Lister using penicillin in the nineteenth century or about the role of Heatley, but again they found it difficult at times to explain the importance of chance. Within the story of Fleming's discovery, candidates usually stated that this demonstrated the role of chance but many answers then developed into the story of penicillin. In some cases there was an attempt to focus on chance but usually this led to the assertion that chance was responsible for the initial discovery; for Florey and Chain reading Fleming's article; for their discovery of how to purify and mass produce penicillin; for the results of various trials; for the government not providing funding because they were preparing for the Second World War; and for the US entry into war and therefore its willingness to fund the work.

Alternatively, many students wanted to discuss the role of other factors in the development of penicillin. Where this was well done, a string argument was created that chance was important in the discovery of penicillin but that other factors were important in its development. It was also suggested that chance alone was not enough for the discovery of penicillin since Fleming needed to notice and respond to the chance event. However, prepared answers which simply provided a paragraph on each factor (chance, government,

war, individual brilliance, research teams) remained in Level 2. Other weaknesses were confusion over the people involved – Crick and Watson often received the credit for the mass production of penicillin – and answers which missed the emphasis on the role of chance and instead presented an answer which explained why penicillin was important.

It was noticeable that many Level 3 answers were shorter than Level 2 ones because they were focused, whereas Level 2 answers frequently produced answers which were basically 'all I know about penicillin'. A few students attempted to cover both options and then compare them; this usually resulted in superficial coverage and a lack of focus.

2 The boxes below show two important factors which have affected medicine.

Choose **one** and explain why it was important.

(9)

The role of religion in care for the sick during the Middle Ages.

The role of chance in the development of penicillin in the twentieth century.

The role of religion was very important in care for the sick in the Middle Ages for several reasons.

Firstly, the Christian Church gained power and influence in the Middle Ages as it was the only large international institution to have survived the leave of the Romans in 410AD. Because of this, many people became Christians and believed what the Church told them. In the Middle Ages hospitals were set up by the Church in order to care for the sick because a key teaching of Christianity is that Jesus taught that the sick must be helped, which meant that there was an effort to follow his teaching and aid the ill.

Secondly, as the Church was the only large institution in the Middle Ages, they were the only ones to provide any form of public

healthcare at all. This is important because there was no strong, centralised government

in the Middle Ages and the leaders preferred to fund war efforts rather than advances in medicine. This meant that aside from the physicians and barber surgeons of the period or the women of the village, religion was important because it provided a place for the poor to go and be looked after without charge.

Lastly, ~~the~~ religion was important because it offered the ^{treatments} ~~care~~ the sick received in the hospitals of the Middle Ages. As the Church controlled education and the majority of medical books were held in monasteries, people were often instructed to follow Galen, who the Church supported, or to believe God was the cause of disease. This meant there were no actual doctors in hospitals, which were instead run by a priest and nurses, and that treatment involved praying daily, keeping the mind focussed on religion, and treatments passed down from generations which were all Church approved cures.

(Total for Question 2 = 9 marks)



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Examiner Comments

This answer is clearly focused on the role of religion and care for the sick. It is clearly structured and uses good detail to support the analysis.

The role of chance in the development of penicillin, in my opinion was ~~of~~ of extreme importance. Penicillin was unintentionally discovered by Alexander Fleming in the year 1928. He noticed mould was growing inside a petri dish and killing the ~~other~~ other substance inside. Fleming could not develop his findings, however one year later he did publish them, so other people could see what he had found. It was an considerable amount of time later that anyone decided to look in to penicillin again. But in 1941 ~~to~~ two men Florey and Chain, started to think about the production of penicillin. In the year 1944 the mass production of penicillin began.

They stored the penicillin in ice cream freezers. They tested it on an ill man in hospital, and the drug was successful in making him better. But unfortunately they ran out of penicillin, and he went on to die. The factor of war played a big role in penicillin being produced. This was

because as more soldiers died,
it was called upon to help save
lives. Overall I think the
development of penicillin was of
high importance, in the 20th
century.



ResultsPlus

Examiner Comments

This answer starts with a clear focus on the role of chance but then becomes the story of penicillin. The final sentence shows that the candidate has lost sight of the question.

Question 3

This question on changes in hospitals since 1800 was slightly more popular than question 4 but examiners felt that it was often chosen by weaker students, whose answers contained few specific details, tending to rely on the stimulus picture and general knowledge about hospitals now. Some students interpreted the question as asking about the situation before and after 1800 and did not look at more recent changes.

Many students used the stimulus material as a springboard and their answers focused on using the details in the picture to make a contrast with modern hospitals. Although this is a valid approach, it was often descriptive or at best was based on comparison of two 'bookends', rather than an analysis of ongoing change. Such answers also tended not to recognise the emphasis in the question command term 'How much', which requires an analysis and evaluation of change. They identified changes that had taken place but did not comment on their nature or the extent / scale of change that had occurred. This is a key concept in this unit and students need to anticipate that such questions will be set. Many answers declared that a 'massive' or 'dramatic' change had taken place which they failed to substantiate.

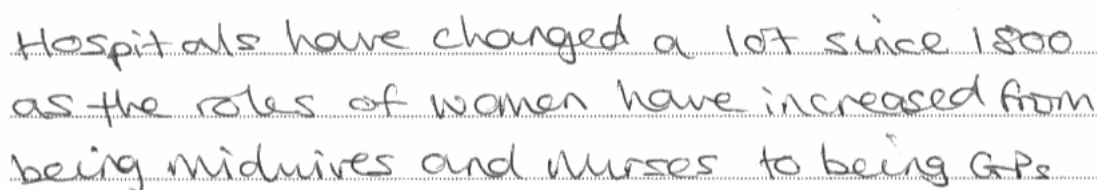
Weaknesses could also be seen where students were unsure of chronology; in some cases they thought the picture showed a hospital in the Middle Ages and they could not always place the picture correctly in relation to Pasteur's germ theory and the work of Florence Nightingale. There seemed to be limited knowledge about hospitals in the nineteenth and early twentieth centuries: for example very few knew about workhouse hospitals, infirmaries or cottage hospitals; or understood that hospitals were usually funded by charity and that few wealthy people would choose to be treated in a hospital.

Other weaknesses were linked to excessive detail on Nightingale's work in the Crimea or about developments in surgery or medicine, which missed the focus on changes in hospitals. In some cases the answer explained why change happened rather than assessing how much change occurred. It was also surprising how few answers discussed changes in hospitals as a result of the creation of the NHS.

Nevertheless, there were a number of very good answers that discussed change in different aspects of hospitals. The most common points raised included developments in hygiene, specialisation of wards within a hospital, changes in personnel and training, and the increasing role of technology in modern hospitals. The work of Florence Nightingale and the professionalisation of nursing, or of Elizabeth Garrett Anderson and changes in training and medical personnel, were often very well known. Other answers mentioned major changes in the treatment offered as a result of developments in the understanding of illness and in technology or the creation of the NHS but few provided examples to back up these comments – yet when this was done, the answers were often excellent.

There were also a number of very good answers that discussed the scale or pace of change through looking at 1861 and the germ theory as a pivotal event which changed understanding of hygiene and disease and thus revolutionised practice in hospitals; or the creation of the NHS and the range of facilities and treatment now offered.

The best answers focused on assessing the nature or extent of change and, therefore, covered the full timescale and not merely the 'bookends', or also considered some elements of continuity in order to assess the extent and significance of change overall.



Hospitals have changed a lot since 1800 as the roles of women have increased from being midwives and nurses to being GPs.

and doctors. This has happened due to two important women; Florence Nightingale and Elizabeth-Garrett Anderson. Before Florence, the hospitals used to be dirty and unhealthy where the patients wouldn't have changed their clothes for about 2 months. However, now a lot has changed.

Florence Nightingale took nurses to the Crimean War in 1854-56 and improved hygiene there as the death rates in the hospital in Scutari fell from a massive 42% to 2%. The newspapers reported her improvements and the public gave her money to start her own nurse training school in 1860. She released a book called "Notes on Nursing" in 1860 and published it in 11 different languages so that everyone could recognise her improvements in hygiene abroad. Florence Nightingale also published another book in

1863 called "Notes on Hospitals". Both of these books were very influential in getting her message across about making the hospitals more hygienic so that diseases won't spread.

Elizabeth-Garrett Anderson was also important as she opened a way for letting women become nurses and join the medical profession using the Society of Apothecaries as an aid in helping her.

overall, I think that hospitals have changed a lot since 1800 as new discoveries were made for instance the microscope was invented so people could look at bacteria more closely and many more discoveries were also made such as the printing press. Hospitals have become more cleaner, more hygienic thanks to the work of Florence Nightingale and have become more healthier with only one patient in each of their bed due to Florence Nightingale's work. Hospitals have also become more cleaner as before dirty and unwashed clothes were scattered all over the hospital ground but now that is not the case and almost all

the time, the nurses change the hospitals' bedsheets so now no infections would go around for each patient.



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Examiner Comments

The answer focuses mainly on changes in the late nineteenth century as a result of the work on hygiene and hospital design by Florence Nightingale, and the involvement of women in professional roles in hospital. The final section attempts to bring in other changes in hospitals but the link to the printing press is unexplained and out of period, while the effect of the microscope and studying bacteria is not made clear.

The approach is descriptive - change has been identified but this answer does not explain 'how much' change took place.

Hospitals have drastically changed for the better since 1800. We now have access to many advanced technical machines and equipment that allows us to ~~find~~ ~~test~~ ^{diagnose our} patients and treat them a lot quicker. We also have now get very strict rules and regulations that ensure the patients don't get worse and the visitors and people working at the hospital don't fall ill as well.

During the Industrial Revolution hospital staff was mostly men and women couldn't train as doctors. However Elizabeth Garrett-Anderson managed to become the first female doctor which changed hospital staff a great deal. Now, we have male and female doctors, surgeons, GP's^{midwives} and nurses.

The role of nursing also changed massively after Florence Nightingale. She taught everyone that patients must be cared for as well as treated and changed the way hospitals ~~treated~~ ^{cared for} their patients by altering the windows, set up of a hospital ward and insisted that there should only

be one patient per bed. This changed the way people saw the role of nursing and her rules and ideas have carried into the modern world.

New technology like microscopes, x-ray machines and MRI scanners all allow doctors to find the cause or problem

and treat the patient sufficiently.

Finally, Beveridge's idea of the NHS (National Health Service) allowed poorer people to be able to get treatment and health care for free. This changed hospitals for good because all their services were available to everyone and with the new improved technology and hospital rules, many people were free of disease and could be easily treated, bringing death rates right down.



ResultsPlus Examiner Comments

This answer covers several changes that occurred throughout the period but also shows the significance of these changes. In the final section about the NHS (attributed to Beveridge), it emphasises that all treatments are now available to everyone and links this with the other changes identified to show the overall impact on people's health.

Hospitals have changed a lot in the 200 years since the picture was created in the source shown. In the source I can see that there are many ill people all sharing the same ward in the hospital, the room is quite dark and the floor is made of wood. In a modern hospital ward the floors are usually laminated and they are very well lit. The people in the picture are all wearing home clothes, except the nurses who have what looks to be aprons on. This shows me

the wards were not entirely sterile and in the 1800's people did not know about germs. In the 21st century we know nurses and doctors in the wards all have to wear sterile equipment and change equipment each time they re-enter the ward. This shows us hospitals have changed a lot, because now we take ~~lots~~ a lot of precautions ~~about~~ about germs because we now know how dangerous germs can become.

I also noticed the ward has ~~all~~ all brown walls. This means it is harder to see dirty stains and is therefore harder to keep clean. In hospitals now the wards have white walls so dirt stains are easier to clean and the ward is easier to keep clean. The main advancement ~~is~~ ~~the~~ ~~between~~ between then and now is our knowledge of germs and the ways to combat infection. In the 1800's doctors and nurses had no idea how deadly germs could be.

In the picture there is also an open flame with a pot on it possibly brewing soup, food would never be cooked in a modern day ward due to potential unknown allergies a patient may have.

To conclude hospitals have changed a lot, people have a lot more privacy and the wards are much cleaner, this is due to the constant fear of

infection. In modern day hospitals many precautions have been setup to help better combat infection.



ResultsPlus

Examiner Comments

This answer uses detail in the stimulus material to show the different situation in the present day. A valid overall comment is made about greater knowledge now of bacteria and infection but it does not assess how great a change this is. Since the 'bookends' approach covers only the two end dates of the question, it does not show on-going change or consider the scale of change.



ResultsPlus

Examiner Tip

If there is a date range in the question, make sure you cover the whole period in your answer.

Question 4

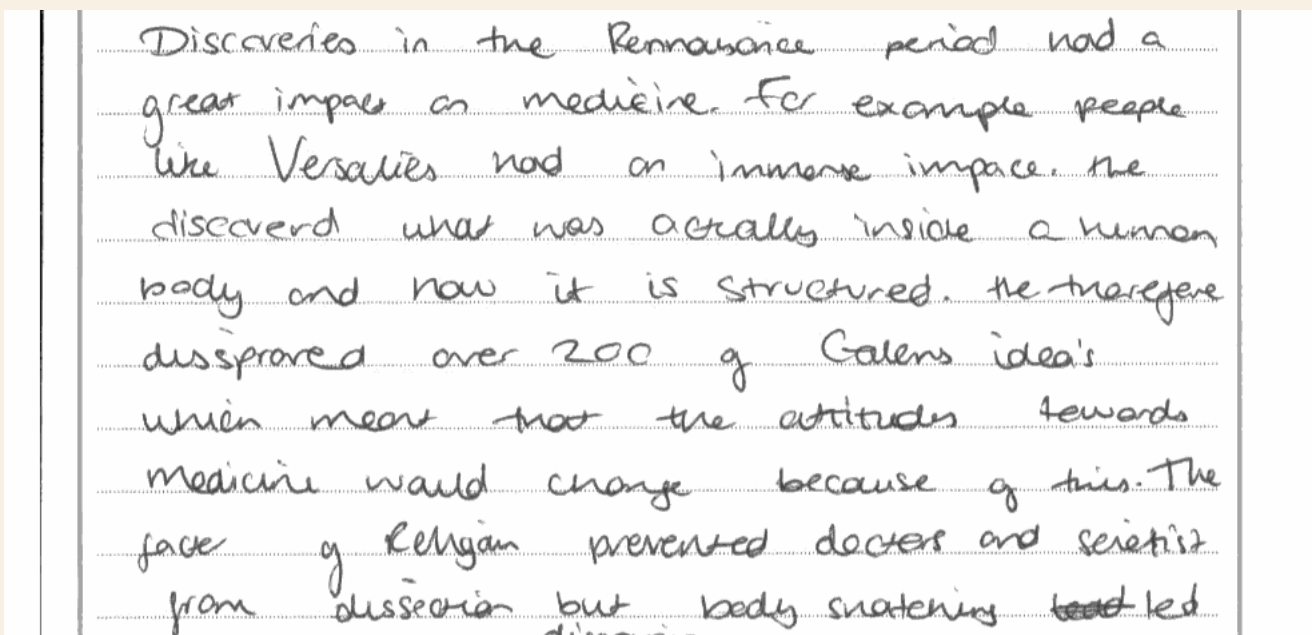
Just under half of the cohort chose to answer this question on the impact of Renaissance discoveries. Students' knowledge was frequently impressive, with very specific details being offered about the work of Vesalius, Harvey, Paré and even Paracelsus; the work of the Royal Society; the invention of the printing press and its role in communication; improvements to the microscope and the discovery of new plants in other parts of the world. However, some answers became confused because of uncertain chronology. The bullet point on Harvey led many to write about Vesalius but students did not always understand Vesalius worked almost 100 years before Harvey. Errors were also made about Galen and Pasteur.

Many students grasped the key point that discoveries about anatomy and physiology had little relevance to treatment, especially while ideas about disease remained based on faulty understanding. Unfortunately this knowledge and understanding did not always go together. Some very knowledgeable answers did not assess the impact of these discoveries and remained in Level 2. Other answers understood the key ideas but could not support them with accurate detail – in many cases these answers were limited to Level 1.

Some students did not realise that the bullet point about bloodletting and purging was reminding them that treatment continued much the same as before; these answers suggested bleeding and purging were new treatments, sometimes linked to Harvey's discovery of the circulation of the blood and in some cases Galen was seen as a medieval or even a Renaissance figure. Students also tended to assume that microscopes and the discovery of bacteria had an immediate impact in the seventeenth century, or they assumed the Dutch scientist in the bullet point was actually Pasteur. Many students did not see how to incorporate these two bullet points into their answer and so they were often left as a final stand-alone comment which added little to the answer; yet a number of students gained very high marks without using these bullet points at all. It was also interesting to see the good use made of details about the death of Charles II to show continuity of treatment.

While it was legitimate to discuss the short term and long term impact of these discoveries, a number claimed there was a direct link between Harvey's work and modern transfusions, or between van Leeuwenhoek's 'animalcules' and Pasteur's germ theory. Another weakness was again the prepared answer – answers explaining what factors influenced these discoveries could not score highly.

Examiners commented that answers tended to be polarised – the discoveries had huge impact or little impact and it would have been nice to see slightly more nuanced judgements but there was a lot of excellent knowledge and some very good, sustained analysis.



Discoveries in the Renaissance period had a great impact on medicine. For example people like Vesalius had an immense impact. He discovered what was actually inside a human body and now it is structured. He therefore disproved over 200 of Galen's ideas which meant that the attitudes towards medicine would change because of this. The fear of Religion prevented doctors and scientists from dissection but body snatching led to dissection.

to the great ^{discoveries} ~~discoveries~~ that changed the way people think.

Another example of Renaissance discoveries that had an impact on medicine was Harvey. He discovered that the blood circulated around the body and was not just bled. He also disproved Galen's theory of which people had been believing for so long. By discovering that the heart pumps blood ~~and~~ it gave them an insight ~~at~~ into what the brain actually does and what purposes ~~can~~ it fulfil since it doesn't do anything.

On the other hand ~~is~~ discoveries may not have had such an impact during the Renaissance due to the attitudes of the ~~the~~ Church and Galen were very close and ^{they} ~~at~~ approved of many of his theories mainly because it corresponded with their beliefs also. Therefore great discoveries that Vesalius and Harvey discovered had opposition and were rejected by many.

Another reason why discoveries ~~did~~ ^{did} not have much of an impact was because of conservatism. This meant that many doctors did not like the change and wanted to keep their methods the same. Harvey's theory would have shown that there is no need for things such as blood letting and that the four humors theory was not in fact true. However, doctors

had been pursuing and bleed-letting patients for so long that his theory was ludicrous. They therefore chose not to believe it.

In conclusion I think the discoveries made in the renaissance did make an impact on medicine even though there was great opposition and people did not accept the

ideas, down the line the discoveries made would benefit medicine a lot. This is mostly because the church would eventually lose its strength giving more scientific freedom. The factor of religion back then far outweighed the factor of science and technology - Religion and conservatism were hard to hard as the church was very unwilling to change their ideas.



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Examiner Comments

This has good knowledge of the Renaissance discoveries but also a good understanding of the context of the period and explains why these discoveries had limited impact at the time.



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Examiner Tip

When a question says 'how much' remember to weigh up both sides of the issue.

Discoveries during the Renaissance period had a huge effect on medicine, because knowledge was developed and one factor ~~that helped~~ that played an important role is technology.

Versalius was one man during the Renaissance that had a big controversial impact on medicine. He wrote books on ~~the~~ anatomy, that included extremely detailed ~~of~~ illustrations and ~~other~~ descriptive annotations. One of his books is called 'The Fabric of the Human Body'. He was allowed to perform dissections, however ~~he~~ he ~~wasn't~~ wasn't allowed to boil them to remove their skeleton. Although most doctors and surgeons agreed with his ideas, some opposed them. This ~~was~~ was because some of his ideas challenged Galen's, ~~and~~ The Church agreed with Galen as they had been following his ideas for centuries.

Factors that helped Versalius achieve so much knowledge was, first individuals such as Galen, because ~~he~~ his ideas were the starting point for

Versalius. Technology had an impact as printing was invented in the ~~1500s~~ around the same time, ~~so~~ which later involved the role of communication.

~~There was another individual during the Renaissance who had a~~

William Harvey was another individual who had

a huge impact on medicine during the Renaissance. He discovered the circulation of blood. Furthermore ~~that~~ his book was published in 1628, describing ~~the~~ his discovery. ~~Factor that influenced Harveys~~

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Factors that ~~influenced~~ ^{developed} Harveys discovery were science and technology. Technology helped him to create his book. Then technology to communication. As other doctors and surgeons read about his ideas, which then developed their knowledge.

Overall the ~~Renaissance discovered~~ discoveries made during the Renaissance had a big impact on medicine as they developed knowledge and understanding of anatomy and how the body functions.



ResultsPlus Examiner Comments

This answer has not recognised the focus of the question. It is an answer which provides information about Renaissance discoveries and identifies factors involved but it does not assess the impact made by these discoveries or link them to medicine.



ResultsPlus Examiner Tip

Always analyse the question - it is probably NOT one you have practised in class.

Question 5

Question 5a

Question 5 was the more popular choice, with over 14,000 students choosing to answer it. Most students found this a straightforward question and described at least three different ideas about the causes of disease. The most common two were the idea that disease was sent by God as a punishment or test of faith and the belief in miasma, which was often well explained. Some answers also explained other supernatural ideas such as the belief in astrology (occasionally called astronomy) and that it was an unfortunate combination of the planets, the idea of contagion or the belief in witchcraft. Interestingly, relatively few explained the idea that it was caused by an imbalance of the four humours but a small number showed excellent knowledge when they pointed out that, although the plague in Europe was often blamed on Jews, the Jews had been expelled from England and therefore this was not a common idea here.

However, some answers remained at Level 1 or Level 2 because they merely listed different ideas or strayed into a description of attempts to treat or to prevent the plague, focusing especially on flagellants. Some also offered opinions about these 'ridiculous' ideas and explained the true cause of the plague. Students also tended to conflate the 1348 Black Death and the 1665 plague, assuming that cats and dogs were killed and a red cross painted on the door of victims.

Question 5b

The concept of turning point is clearly relevant to a study in development which focuses on change and continuity and most students were able to explain the decline in public health after the Roman withdrawal. However some clearly assumed a turning point had to be positive and challenged the idea, or tried to argue the Roman withdrawal left the way open for improvements; others seemed unsure what was meant by the Roman 'withdrawal'. Some answers focused on what the Romans achieved and seemed to address whether the arrival of the Romans constituted a turning point. Nevertheless, many answers did look at both change and continuity or the positive and negative aspects of medicine and public health during this period.

There was excellent knowledge of the Roman period and detailed accounts of their high standard of public health and its decay after their withdrawal, although some answers suggested this was very abrupt because people living in Britain attacked the public health infrastructure and chose to live unhygienically. In some cases a prepared answer was produced analysing the factors involved – the role of government, war, technology. It should be noted, however, that this question was not about why the standard of public health declined.

Examiners commented that students seemed less reliant on the bullet points in this question than in question 6. Indeed, few candidates used the bullet point about Roman villas and very little use was made of the third bullet point about leechbooks, or the use of herbal remedies in the Saxon period, although a small number of answers did mention the Druids, Saxons and Vikings. In itself this was not a problem as there is no requirement to use the bullet points. However, medicine and medical training are themes throughout the Extension Study as well as the core, and the majority of students often seem to jump from the Roman period to c1350 with little sense of almost 1,000 years between. Galen was often identified as an example of change after the Roman withdrawal since he was apparently living in the medieval period. Many answers focused on the Middle Ages, the Renaissance or even the nineteenth century in order to assess the impact of the Roman withdrawal which suggests they have little sense of the overall chronology.

Teachers should note that this Extension Study does cover the whole of time from the Roman period to c1350 and students should have some knowledge of change and continuity

throughout the whole of this period.

The majority of students focused on public health and gave little recognition that the question also asked about medicine, which meant that many failed to receive top marks in each level, despite good knowledge. They were confident discussing change, but less so on continuity, and surprisingly few recognised that Galen's continuing influence would have been a relevant example.

Able students could identify elements of continuity in medicine which led them to evaluate the extent to which the Roman withdrawal was an overall turning point. In most cases the opinion was that there was a decline in the infrastructure of public health, but continuity and stagnation in medicine through the preservation of Galen's texts, or even progress in some areas and therefore the Roman withdrawal was not completely a turning point. It was interesting to see that a small number of candidates queried the allegedly high standard of Roman public health and pointed out that the standard of public health in villas was not typical of the general standard, or that public baths often contained unhealthy bacteria – this was then used to challenge the idea of decline and turning point in public health. Other points used to good effect were that Roman hospitals were only for the army, not the public; that the Church developed organised training and care during the Middle Ages; that hygiene in monasteries and the use of medieval stews meant that cleanliness did not decline completely; that people living in villages were largely unaffected by the Roman withdrawal; and that responsibility for care within the home passed from the father to the mother.

Examiners commented that there was excellent knowledge being displayed at Level 4 but also well structured answers that developed a clear line of argument. Even in cases where the student lacked the precise knowledge to support the answer, there was often recognition that both sides of the issue should be considered, showing that good examination technique is being taught. There was also good use of terminology with students confidently using terms such as regression, stagnation, progress and infrastructure.

(a)
The Black Death was in the middle ~~for~~ Ages (1349) therefore a lot of the treatments ~~to~~ and ideas of what caused the Black Death were supernatural.

One idea about what caused the Black Death was that God had sent it. ~~From~~ This was because ~~to~~ the church was a big ~~thing~~ in the time of the Black Death. So many people began to believe God was punishing them ~~for~~ their sins. This led to ~~h~~ people praying, fasting and whipping themselves to rid them of their diseases.

Another supernatural idea was that the ~~the~~ a line

ment of the plants caused the Black Death. This meant that they thought that the plants when they were in a certain line to each other it caused a disease. For this the people of in 1348 had no cure.

~~Also~~ The Middle Ages did have some, not ~~many~~ many, but some natural ideas on what caused

((a) continued) the Black Death. they ~~often~~ thought that the ~~plants~~ air which ~~was~~ smelled bad carried ~~the~~ the disease. This was called the miasma theory. Although this is not entirely correct it was close because bacteria does often smell bad. However their treatments were not as good as the ideas.

Also one idea which has been believed and passed down for generations right the way from the Roman period was the theory that the Black Death was caused by an imbalance of the four humours. This was an approach of a natural idea however it was not helpful to the people, meaning this did not cure them.



ResultsPlus
Examiner Comments

This covers a range of ideas about the cause of disease but is also very clearly structured, grouping ideas about supernatural causes together and then natural causes.

(b) The Romans' ~~was~~ withdrawal from Britain caused massive change, and the state of medicine and public health went dramatically downhill.

The Romans had a very good sense of hygiene, which was ~~maintained~~ maintained while they occupied Britain but not after. The public baths, aqueducts and sewage systems in place allowed positive development, but there was no money to maintain the good standards once the Romans left. Houses were also kept very clean, and toilets (those that had them) were well away from the cooking area. Public toilets were well built also, ~~so~~ so that there was a flow of water that carried waste away immediately. However, because the Brits didn't know how to fix things when they went wrong, problems built up and money ran out, so public health deteriorated.

((b) continued) ~~After~~ The Romans left, the Anglo-Saxons' public health condition worsened. However, books with Galen's teachings in were continued and this formed the basis for

much of the training of doctors and nurses. The ideas of rest, relaxation, limited stress and light exercise were taught, and the church encouraged these ideas.

Herbal remedies continued to be popular, and many of these were passed down from generation to generation. Some of these ideas about herbal remedies are still used today, although less commonly.

Overall, I agree with the statement, because after the Romans left public health and medicine deteriorated, life expectancy decreased, no developments were made and the middle ages brought disease and war to Britain.



ResultsPlus

Examiner Comments

This answer is potentially Level 4 but the supporting detail is unbalanced. It makes good points about change in public health after the Roman withdrawal and continuity in medicine. However, the supporting detail is mainly about Roman public health with only limited detail about public health afterwards, while there is detail about medicine after the Romans but nothing about medicine during the Roman period.

(b) When the Romans left Britain, some areas of medicine improved slightly, for example the introduction of hospitals, set up ~~by~~ by the Church. However, many areas stayed the same, such as understanding of causes of disease and treatments. Many still believed in God sending disease or the four humours theory. This led to this area of medicine stagnating for centuries. This suggests that the Roman leaving

~~was not a turning point in the area of medicine because significantly more after the Romans left and this was public health.~~

Britain ~~was~~ was not a turning point in this area of medicine.

Also, the training of doctors remained very similar for over 1000 years after the Romans left Britain. Doctors still read the books of Hippocrates and Galen in order to train and they carried on their ideas all that time. This also implies that the Roman leaving was not a turning point in this area of medicine.

However, one area of medicine where the ~~the~~ departure of the Romans was a turning point was in public health. When the Romans were in Britain, public health was very good in most areas, the Romans believed in educating the public on the

((b) continued) importance of public health and provided fresh water to cities carried by aqueducts, sewer systems to remove waste, and bath houses to encourage everyone to keep clean. These public health measures meant most Roman housing in cities

was quite hygienic and there were fewer outbreaks of disease during that time than there was during the Middle Ages, when public health declined.

When the Romans left, they took all their engineers and knowledge with them. Local people did not know how to maintain or build these public health facilities, so they fell into disrepair. Furthermore, many locals moved back into small villages, provoking many tribal wars. This meant some public health facilities were destroyed or abandoned, as new kings had to spend money on wars as opposed to public health. Once the Romans left, laissez faire attitudes began to take in as many of those left behind. They no longer felt the government should interfere with their lives and ~~so~~ they wanted to be left alone.

In conclusion, although the Romans leaving Britain had little effect on some areas of medicine, I feel it was a significant turning point in medicine and public health as far many hundreds

((b) continued) of years after they had left, the public health measures they had implemented were not continued and more people suffered as a result. I feel this shows a clear regression in medicine and the Romans leaving Britain is the obvious turning point, as this is when people ^{in Britain} stopped caring about public health and were more concerned with fighting wars, than with the health of the people. This clearly shows that the Romans leaving Britain ~~and~~ marked a significant turning point in medicine and public health.

even though it was a negative turning point, it was a turning point just the same as major changes occurred, particularly in public health, from when the Romans left Britain.



ResultsPlus

Examiner Comments

This provides a clear explanation of both the continuity in medicine and treatment and the regression in public health. The focus throughout is on whether the Roman withdrawal was a turning point.

Question 6

Question 6a

Question 6 was slightly less popular but there were still over 10,000 answers to this question. Once again a good understanding of chronology was crucial if a student was to gain high marks. Just as question 5 is about Romans for many students, question 6 seems to be about nineteenth century industrial cities. In many cases there were generic descriptions of overcrowded cities and broad generalisations about unhygienic conditions. Where it was possible examiners gave credit for these comments but many, with their references to cholera and laissez-faire, were clearly about the nineteenth century.

Perhaps because of the focus of part (b) on epidemics, there were also many answers which were about public health in its broader sense rather than the usual focus of this period on access to water and removal of sewage. This was a valid approach but often answers did not address the two parts of the question. There were good descriptions of the problems of hygiene or of infectious diseases, and good comments about why there was little initiative from the government and how lack of understanding meant that any action taken was ineffective – but they did not often appear together. When describing the difficulties in overcoming problems of public health, the Church once again received much of the blame but some answers did explain that the government lacked the finance, organisation and will to embark on large scale policies.

Answers which focused simply on water and sewage were often more successful in addressing the whole question and explained about the attempts to control sewage and rubbish and the scheme to provide water for London. Those receiving top marks were very impressive, with references to Colthurst and Myddelton; specific details about York or London; and comments about the role of the monarch and of civic authorities.

It should be noted that many students delight in using childish words to describe urine and faeces but the use of correct terminology is one of the elements involved in the marks for Quality of Written Communication.

Question 6b

The bullet points prompted students to draw on their knowledge of the core as well as this Extension Study, but many answers appeared to be a prepared answer on the government and nineteenth century public health. Instead of assessing effectiveness, some candidates explained why the government took action; which factors were involved; which factor was most important; and how much had changed by 1900. The work of Snow and of Bazalgette was often discussed in detail but their actions were not really government initiatives, although they could be used to show mounting pressure on the government to take action, or that government action in isolation was not enough to be effective. In a few cases, answers went on to cover the twentieth century as well, especially the 1911 National Insurance Act and the NHS, or they included government action to restrict the consumption of gin rather than focusing on dealing with epidemics.

The majority could explain that the orders of the local authorities during the 1665 plague would have had little effect on the true cause of the plague, but good candidates went on to consider other measures taken. These answers explained that banning public gatherings and isolating the victims in their own houses, or in pest houses, could have helped to control the spread of the plague while killing cats and dogs may have worsened the situation by allowing rats to breed more rapidly. Some candidates also explained that, although barrels of tar were burned in outbreaks of cholera because of a belief in miasma, the effect of clearing away rubbish might have helped.

Some answers went into great detail about how Jenner discovered his vaccination but the majority of students did then go on to explain that vaccination helped to wipe out smallpox although many were confused about how this was done, often suggesting that vaccination

was a cure for smallpox. There was also little recognition that the previous attempt to make smallpox vaccination compulsory in 1852-3 had failed or that the government was unable to take similar action against other diseases such as cholera.

The fact that the 1875 Act was mandatory often led into comments about the failure of the Permissive Act in 1848. However this was often descriptive rather than an evaluation of the effectiveness of government action and, although answers asserted that the compulsory element was an improvement over previous measures, few explained in what way this was better. Students were often unsure about the role of Health Inspector and made only limited use of their knowledge of other terms of the Act. However, some made good distinctions between the role of national government making the laws, and local authorities enforcing them and taking action on their own initiative, such as in Birmingham. A number also pointed out that slums and back-to-back housing continued well into the twentieth century.

There was excellent knowledge here, especially on the nineteenth century, but too many of these students failed to score highly because they missed the emphasis on evaluating the effectiveness of government action or treated it briefly. Too often 'effectiveness' was stated, rather than demonstrated and explained. Other answers were limited because they focused on the government's effectiveness in improving public health generally rather than dealing with epidemics.

Without a sense of chronology it was often difficult for students to show changes in government action or to construct an argument about effectiveness overall. Many answers remained based around the bullet points, treating them as three separate case studies instead of being able to link them in any way. Such answers also tended to use absolute terms – an action was or was not effective – with little sense of a nuanced judgement. Students were also swift to blame the government for the laissez-faire attitude, but few recognised that much of the population shared this view and did not want the government to interfere.

The best answers showed the varying levels of effectiveness throughout this whole period. They often suggested that it was only after Pasteur's germ theory that government action could be effective because only then did they begin to understand how disease spread; but these answers also recognised that, even if they were done for the wrong reasons, measures to improve hygiene and isolate the victims could go some way towards controlling epidemic diseases.

(a) During 1350 and 1650 there were many public health problems. The population was increasing at an extremely high rate meaning that towns were having difficulties with food, sewage and water.
Food was sold on the streets which weren't clean places to be because it was where animals were kept and their waste was left all over the streets. This attracted flies and unwanted bacteria which would grow on the food being sold therefore resulting in the food going mouldy.

Although people were unaware of this and ate it anyway which meant that they got ill.

Furthermore Sewage was a problem for people, they used chamberpots which ^{the content was} ~~were then~~ thrown out of people's windows onto the streets or the toilets that did exist had sewage running into the river. Cesspits in ~~the~~ houses had earth closets which allowed people to sit above them although, cesspits flowed into rivers or often leaked into water pumps.

As cesspits were leaking into water pumps and the river where people were collecting

(a) continued) their so say 'clean water' from, it was causing disease. Therefore Colthurst in 1606 tried to help the problem of clean water by introducing a clean water pipe which would run into north east London. However it needed to be 38 miles long and Colthurst could only afford to build 2 miles. In 1609, Myddleton offered to build the rest of the fresh water pipe and also gained half of the funding from King James I. The pipe was finished in 1613 however it did not keep up with the growing population of London.



ResultsPlus Examiner Comments

The answer is very clear about the problems of public health in this period and why it was so difficult to deal with them. There is good use of specific detail which places this answer very clearly in the correct period.



ResultsPlus Examiner Tip

Check the dates in the question and ensure you use details from the correct period in your answer.

- (b) ~~(PLAN)~~
- 1665 - Prayers
 - 1665 - Lock people away, escaped, killed watchmen
 - Those put in charge of Plague ran away as quick as possible.
 - 1852 + 1872 - Smallpox vaccination
 - 1848 - Public Health Act
 - 1854 - Broad Street handle
 - 1875 - Public Health Act.

During the period c.1650 - 1900 many actions were taken by local and national authorities however these actions effects on epidemics varies increasingly.

The Great Plague of 1665 was ~~destra~~ devastating, thousands of people died and many suffered. The Lord Mayor of London did make a list of orders which people were to follow in an attempt to prevent the spreading of the disease however many proved ineffective. Those infected were locked away in their houses which were guarded by watchmen however many of these men were murdered as people tried to escape their homes. Also the government refused to make the Mayor's orders Laws because members of parliament refused to be locked inside their houses this meant that few people followed the ~~oo~~ orders to begin with.

Furthermore during the 1665 plague epidemic authorities ordered prayers to be said during the epidemic. This was due to the strong belief that God brought disease to punish people for their sins. People had no idea that

((b) continued) disease was caused by bacteria and a 'flea' pesticide. Therefore prayers during the plague were completely ineffective, they ~~did~~ had no effective effect on people's health and the government were stuck because they had no idea how to prevent the disease spreading.

Although in the 1800s when Jenner had discovered the

vaccination for smallpox; the government made an effect decision 50 years later in 1852 and then again in 1872 to make the vaccination for smallpox compulsory. This made a large impact on the disease of smallpox, and deaths drastically dropped.

The government although faced with opposition, saved many lives and helped eventually eradicate the disease smallpox.

The reluctant passing of the 1848 Public Health Act made little effect on the cholera epidemics that followed in the 1850s. This shows how the Act ~~was~~ had little effect on epidemics. However the Public Health Act in 1875 did definitely make a difference. The government made the actions stated in the Act of fresh water supplies, sewers and appointing a medical officer of health, all compulsory. This made towns pay attention to their public health and gradually see a reduction in epidemics throughout Britain because the cause of disease had finally been discovered and accepted by most.

((b) continued) Therefore although the governments actions in the early part of the period 1650-1900 were ineffective and made little or no difference to epidemics. Towards the latter part of the 1800s the changes implemented by the government and local authorities really did begin to make a difference. Epidemics although not prevented completely were certainly on their way to decreasing due to the actions of the authorities. The life expectancy increase is evidence that the authorities actions were becoming effective.



ResultsPlus

Examiner Comments

This has a very clear focus on the question. Each section is about dealing with epidemics and, for each example given, the candidate assesses the effectiveness of government action.

The conclusion then looks at the period as a whole and shows the increased effectiveness of the government over time.

(b) I think the actions taken by government and local authorities to deal with the problems of epidemic in the period c1650-c1900 was effective to a some extent.

Smallpox was a disease which caused many deaths and although it only occurred a few times a year, it killed thousands of people. Jenner was a doctor who researched smallpox and discovered a method of hindering it - inoculation. ~~inoculation~~ meant Jenner took the pus from a smallpox scab and injected ^{a mild dose} into a healthy 11-year-old boy. Overnight the boy developed smallpox but by the next morning he was fine. 6 months later, Jenner injected the boy with smallpox again but the boy's body had become immune to the disease.

The next method was vaccination. Jenner discovered that people who had cowpox (mostly farmers) said they didn't need to be inoculated as they were protected from the disease. Jenner researched this by injecting 25 people with cowpox and then with smallpox. He recorded that the people were not affected by smallpox. He called this vaccination.

((b) continued) In the short term, people were scared of getting vaccinated because some thought they might turn into cows. However, inoculation was very popular as doctors were able to make money through the process. In the long term, the government made it compulsory that everyone should be vaccinated

against smallpox in 1872. This reduced the death rate caused by smallpox dramatically.

Edwin Chadwick was a civil servant who reported was employed by the Poor Law Commission. He was asked to write a report on the living conditions of the poor. He reported that the poor lived in appalling conditions which led to diseases and illnesses. The government didn't do anything about this as it would cost too much, however, when there was another cholera epidemic, the ~~gov~~ parliament passed the public health act in 1848, stating that councils could clear up slums and provide clean water if they wanted to. Of course, many councils disregarded this.

However, in 1875 another ^{public} health act was passed which made it compulsory for councils to provide clean water, ~~and~~ clear up slums and forced

((b) continued) towns to appoint a ~~new~~ health inspector because the death rates amongst the poor were increasing. This decreased the death rates dramatically.

Overall, I think the actions taken by government and local authorities to deal with problems of epidemic in the period c.1650-1900 was effective to a certain extent. The government took their time, struggling with rate payers and the cost but when they did ^{introduce} ~~pass~~ the 1875 public health act

it decreased the ~~emo~~ number of deaths amongst
the poor and many other acts followed.



ResultsPlus

Examiner Comments

This answer deals with two of the bullet points but the focus strays from the issue of the effectiveness of government action in dealing with epidemics. The section on Jenner becomes a narrative and although the conclusion does attempt to produce an overall judgement on the issue, it is not based on sustained analysis.

Paper Summary

Students should be reminded that it is the quality of the answer, not its length, which determines the level and mark. While it is tempting to pour forth everything that has been learned, 5 minutes spent analysing the question and planning a structured answer, can move a Level 2 answer full of description, to Level 3 or Level 4 focused analysis and argument.

Many examiners commented on answers which started well and then strayed from the focus of the question. If students do not use a plan, they need to check the question regularly and ensure they are still answering that specific question and not simply writing about the topic. Too many potentially good answers, from knowledgeable students, only returned to the question at the end. In many cases there was the sudden realisation that the answer had gone beyond the stated timescale, or had missed the focus of the question, and a hasty additional paragraph or the use of asterisks brought the answer back on track and allowed the answer to reach the top level, but it could not get high marks within that level because there was not a sustained analysis.

Students generally find it easier to talk about change than about continuity, but teachers should ensure that students are familiar with the key themes of the specification, and have some sense of the broad sweep of development throughout the whole period.

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