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Examiners' Report
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GCSE History 5HB03 3A

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Introduction

This was the tenth series of this specification but the first of the revised 2013 version. It is now one of three similar Source Enquiries. Each unit follows a similar pattern both in terms of the sources used, questions asked and the structure of their mark schemes. In the 2013 revision, there were some significant changes both to the qualification content and the nature of the questions asked and how they relate to a revised mark scheme. Much greater emphasis is now placed on the candidates' own knowledge of the topic being assessed and their ability to deploy it effectively. They should be able to use their own knowledge of the specification content and its historical context alongside their ability to analyse and evaluate historical sources. The mark scheme will reward both but at the higher levels for questions 2, 3 4 and 5. Generally all that changes is the context provided by the evidence used and the particular focus of the questions provided.

Question 1 on this unit remains unchanged with its focus on comprehension and inference.

Question 2 is focused on why a representation of a past event was produced. The old cross referencing question is replaced by a question requiring use of a source and additional knowledge of the topic deployed in answer to a question. It is impossible to attain more than 5 marks without the use of both additional knowledge and the use of the specified source. Additional knowledge does not include using information lifted from other sources contained in the paper.

Question 1, which used to focus on a range of questions based on utility, focuses squarely on the issue of reliability. A limitation is placed on responses that do not make use of additional knowledge at both levels 2 and 3. Question 5 also requires the use of additional knowledge of the focus of the question for the highest marks of Level 3 and to access all of Level 4 as well as the three sources specified at the higher marks . The paper was broadly comparable to other units and was sat once again by more candidates than the other two units 3B and 3C together. The paper performed well and there is evidence that most candidates were able to demonstrate positive achievement on all questions.

The focus of questions 2, 3 and 4 caused some candidates problems. Question 5 was where many candidates found difficulty in reaching the highest level of the mark scheme if their knowledge of surgery was limited to developments in the twentieth century and the First World War. Other questions were straightforward and should have presented few problems for well-prepared candidates. Some of the work seen was exceptionally good. The most challenging question was question 5, but here there was much less evidence than in previous series of candidates failing to at least tackle this question. The use of own knowledge in question 5 was, as in previous series, a problem to accessing the higher marks in Level 3 and all of Level 4. Many who just made use of the sources provided were unable to proceed beyond Level 3 and 10 marks. However few candidates scored very low marks on the paper. Evidence based skills and use of sources was often better deployed than the candidates own knowledge of the topic and subject area. In terms of the reliability questions there are still a significant number of candidates who produce simplistic learnt responses such as primary sources are more reliable and therefore of more use than secondary ones. Lack of additional knowledge of the topic and subject area often prevented some candidates being unable to access the highest marks of question 5 at level 3 and all of Level 4.

Question 1

This question seemed to provide more of a challenge for students this year than in previous series. Some candidates struggled with finding valid inferences to support from the source. Most candidates picked out "infection" ("infection was a problem") as an inference, but without any qualification (e.g. "infection was a major problem") this is a level 1 lift from the source. This wasn't a problem for most candidates but for those who fell in to this trap it could be a costly mistake. *Centres should encourage their students to look beyond words used in the source to make an inference. It would also be beneficial for centres to encourage students to make two completely separate inferences (e.g. one on pain, one on mental anguish) so that if one is not a valid inference a candidate has a back-up option to gain Level 3. The difference between a lift and a proper inference on this question could be as little as two words in the inference made: "No real understanding of infections"(lift from source) vs "No real understanding of how to cure infections" (Inference)*

Another common error that candidates made was attaching 21st Century value judgements to the conditions of World War One. Examples of this include medical staff who didn't care about infection prevention protocol or were wilfully ignorant about Germ Theory and Lister, assigning a 19th Century problem to the 20th Century. One candidate wrote that the staff were "just not as bothered about the wounded soldiers, knowing they're infected and will eventually die anyway." Another that "they knew about antiseptics but didn't use them to get rid of bacteria." *Centres should encourage their candidates to try to empathise more with the problems faced by historical figures in sources such as these and see that the problems in A (and many others) weren't due to a lack of caring or wilful ignorance.*

Other issues that a very small number seemed to struggle with were:

- Provision of copious amounts of own knowledge. This is the only question on this paper where this is not necessary, and some candidates must have spent a significant amount of time writing a very detailed answer entirely from own knowledge in response to this question. *Candidates should be reminded that own knowledge is not required for this question.*
- Some candidates are spending too long on this question, sometimes asking for extra paper, giving lots of information not asked for or rewardable. This often seemed to be at the expense of later, more highly scoring, questions. *Candidates should be reminded of proper exam technique in order to avoid spending excess time on low scoring questions.*
- Despite the problems that some candidates seemed to have with this question there were some excellent responses and most candidates achieved a Level 3. Besides those related to the scale of the problem of infection or the lack of knowledge about how to treat infection there were also other valid inferences that candidates made. These included:
- References to mental ill health/shell shock/PTSD/depression (supported by "Sometimes a wounded man will die because he has lost the will to live").
- That there were terrible injuries that surgeons and soldiers had to cope with (supported by "Some of the men have to be anaesthetised to have their wounds dressed.")

1 **Study Source A.**

What can you learn from Source A about the problems of surgery in dealing with wounded soldiers?

(6)

From Source A, I can learn that the treatment of soldiers, and the conditions they were subjected to were affected by a lack of knowledge, or limited knowledge in relation to surgery. It states twice that the soldiers anxiously await the surgeons visit, implying that they have little faith in his abilities, and perhaps regard ~~them~~ any possible operations as a death sentence. I can also learn that some of the wounds the soldiers had were so severe ~~and~~ and not properly cared for despite medical advances at this time, that some of them had to be anaesthetized just to have their wounds dressed. This also leads me to believe that anaesthetics ~~had~~ meant many lives were saved in World War One, as patients would not die of the shock of the pain, and longer surgeries could be attempted. I can ~~do~~ also learn that despite the ~~knowledge~~ use of carbolic acid and saline solutions in medical institutions, infection was still a

large problem. I know this because the source mentions a patient having gangrene, which lead to him having to have his leg gradually surgically removed. It is stated ~~de~~ clearly that it lead to the ~~stand stink~~ smell of infection permeating the air, which spreads to the ward, not only ~~increasing the~~ making the ward more awful to live in, but increasing infection risk. Finally, the source says ~~most~~ wounded soldiers will die ~~because~~ because of lack of will to live, ~~which~~ which tells me that perhaps the conditions and treatment were so horrendous that a patient had no inclination ~~to~~ to stay alive ~~and~~ and be subjected to more suffering. It also tells me that the cause of death may not have been visible or obvious to the medical personnel, as they believe the patient is fine, and from this I think that infection and illness ~~even~~ were still not fully understood and dealt with at this time.

ResultsPlus
Examiner Comments

This response makes several inferences about the problems of surgery in dealing with wounded soldiers. Each is supported by sound use of the source.

ResultsPlus
Examiner Tip

If you only make two inferences and do not make use of the source in support the most you can get is Level 2 and three marks.

Question 2

Many candidates answering this question understood what was asked of them, and supplied a number of varied and valid purposes that Tonks may have had in painting this source. Even Level 2 candidates were often able to supply at least one purpose, even if they couldn't always fully explain it.

The requirement for own knowledge was clearly a sticking point on this question for a lot of candidates. A number of otherwise good Level 2 answers struggled to gain 5 marks due to the requirement for own knowledge of the historical context. This was also a problem in Level 3 where a significant portion of responses could gain no more than 6 marks due to the need to make explicit use of own knowledge of the historical context for 7 and 8 marks. Those who did include own knowledge frequently struggled to keep the knowledge relevant to the question being asked, and many seemed to try to shoehorn in any own knowledge they could come up with to fit source B. This was most frequent when candidates attempted to use the 3 problems of 19th Century surgery to examine B. Examples of this include being able to see a blood transfusion taking place, and the presence of carbolic spray machines. It was also not uncommon among lower scoring candidates to mention Florence Nightingale and state the ways in which B does not conform to her principals laid down during the Crimean war. *Candidates should be secure in own knowledge and timelines that are examined on this paper to avoid using own knowledge that is not relevant to the question being asked.*

This question also attracted a number of candidates who approached it as a reliability question and spent a lot of time picking apart the provenance of the source to judge its reliability. While it may help to assess the purpose if one is aware of the potential bias of the source ("Tonks was a surgeon, trying to portray how hard it was on the front lines, as a surgeon he has direct knowledge of it and is trying to produce a favourable view of the medical staff") it is a way in which candidates can get bogged down in detail without contributing towards actually answering the question. Another variant of this problem is candidates who restate the provenance verbatim but without linking it back to the question asked or to the content of B itself. *Centres should encourage students to read the question at least twice and to use everything they put down on the paper to be relevant to the question asked and tied back to it.*

Most candidates were able to pick out one, or even several purposes and support them from the source, but many struggled to follow through and properly explain the purpose. The difference here is between being able to say WHY a source was produced (Level 2), and then following up the WHY with a good explanation of WHAT the implications of the purpose were and what the artist or representation aimed to achieve (Level 3).

In the very high scoring answers, there were great demonstrations of some candidates' ability to tie precise ARK to an explanation of purpose. This included some well developed explanations of the problems of blood transfusions (both in supply and conditions), and an excellent description of the place that surgical dressing stations held in the overall hierarchy of casualty treatment during the war.

2 Study Source B and use your own knowledge.

What was the purpose of this representation?

Explain your answer, using Source B and your own knowledge.

(8)

Source Bs purpose is to inform the reader of the terrible conditions in which soilders were being treated on the front lines. This is because I can see that there are detailed paintings of many soilders in what looks to be an open, makeshift hospital on the battle feild. The soilders are showing in great detail in the foreground expressing many emotions of pain ~~and~~ whilst people try to help. This imediately draws attention to the pain ~~what~~ they are facing and how it effects the indervidual. In addition it can be seen that the conditions are dirty and not aseptic due to the range of neutral browns and greens indicating dirt and filth. The patients are also showing this as there are many sharing a bed, or wearing dirty bandages. Indeed I know that at the time, surgery in WWI, faced major problems with aseptic conditions as it was carried out on the front lines of the battlefields in france, they had a lack of ability to use antiseptics such as carbolic acid as surgery ~~must~~ and treatment had to be carried out quickly and effectively. This is not to say antiseptics were not invented as it was 53 years prior that lister discovered carbolic acid, killed pyrogens, ~~and~~ cleaned it was just hard to carry out, effectively making gangreene one of the bigger killers

Another purpose may be to praise both the surgeons and the soldiers for their ~~courage~~ courageous work. It can be seen that many surgeons and their helpers are shown to be ~~caring~~ caring for an overwhelming number of men, feeding, bandaging and supporting the ~~many~~ injured soilders. One in particular in the foreground is helping a ~~limping~~ laying soilder where he looks on to him with concern as he is writing in his note book. In addition the soilders look battered and seriously hurt showing what they are going through inorder to fight for our country. Furthermore the fact the artist was a surgeon shows that he wanted to show his respect for his fellow medical workers on the front line. Indeed I know that at the time, surgeons were risking more than their own lives inorder to help others at the front line or even in the trenches itself. In addition due to the war there was also a huge surge in patriotism showing that many would praise and respect their country much like this artist Henry Tonks.

ResultsPlus
Examiner Comments

A solid response that indicates several purposes for the painting from showing the poor conditions in the dressing station to praising the heroic work of surgeons and their helpers. Makes effective use of the historic context informing the representation. The response achieved a top level 3 mark.

ResultsPlus
Examiner Tip

When the focus of this representation is its purpose, it makes sense to address this at the very start of the response.

Question 3

Almost all candidates attempted this question with the majority of responses falling into Level 2. A small minority of candidates presented Level 1 responses by simply recalling facts from the source, or making generalised statements that only vaguely linked to the question.

Although many candidates did get into Level 2 by making statements that they supported from the sources, there was a lack of relevant additional knowledge. This meant that many responses were capped at 5 marks as indicated explicitly on the mark scheme. Most points centred around the lack of blood available or the fact that war caused so much blood loss on a scale that had not previously been seen. Responses that were capped at 5 fell into two categories: those that had made no attempt to include any additional recalled knowledge; and those who included irrelevant material. Many responses discussed the other key problems of surgery, particularly infection, and did not relate this to the First World War.

Some candidates provided excellent and precise own knowledge and linked this to the source, allowing them to move into Level 3. Most students at this level mentioned the use of citrate glucose and the creation of Blood Depots for the Battle of Cambrai in 1917. It may have been difficult for candidates to link their knowledge of key developments with the negative tone of the sources, but stronger responses used phrases such as 'I could only transfuse a few patients' as a way into linking additional knowledge with the source.

Some candidates attempted to approach this question through the concept of reliability. While it was rare for a candidate to spend a lot of time on it, many candidates wrote at least a short paragraph on the reliability of the question. As this question gives no marks for this, it's essentially wasted time. *Centres should stress to candidates that they should focus on what the question is asking of them, and encourage them not to be side tracked by un-rewardable elements.*

Weaker answers in Level 3 were generally much more likely to have extremely detailed information from own knowledge, and be comparatively weak on the source and so were often left at 8 marks, which was a great shame in some quality answers. *Candidates should be reminded that in this question they should spend at least equal time using the source as they do own knowledge.*

There were a number of good examples of own knowledge used on this question, usually explained very impressively, suggesting that a lot of candidates were secure in the knowledge they needed to answer this question. Types of own knowledge included:

- A discussion of the biological problems of blood loss. and how this would have affected operations and the patient's chances
- A good grounding in what caused the problem of blood loss, and what happened in the war that exacerbated it (new weapons and awful injuries/lack of on the spot donors/ blood clotting/problems of transport and supply)
- At the very least a rough chronology of the fixing of the problem. Rarer, though often seen among Level 3 candidates, the chronology became a very clear knowledge of the full chronology including dates, discoverers, and advances such as sodium citrate, citrate glucose, refrigeration, blood depots.

3 Study Source C and use your own knowledge.

Why was blood loss a major problem for surgeons during the First World War?

Explain your answer, using Source C and your own knowledge.

(10)

Blood loss was a major problem for surgeons during the first world war as source C states as succesful blood transfusion was rare as Source C states. 'I could only transfuse a few patients.' It could be inferred that blood transfusions and major blood loss were not common before the war and so surgeons were not well experienced. But also due to the fact Succesful blood transfussions were dependant on the blood types / groups and for a succesful blood transfusion to take place the person giving blood and the person recieving blood must be in the same blood group. Although surgeons had this knowledge finding donors for to give blood was time consuming and so of course not everyone would be able to survive therefore reacting blood loss to be a major problem.

Not only this, blood loss was also a major problem for surgeons during the first world war as the injuries soldiers / wounds of soldiers were very deep and complex due to the fact many had been injured because of explosives / bombs

Within this time period as stated before successful blood transfussions were rare which is why surgeons used other methods such as clamps, ligatures and cautery all of which weren't one hundred percent effective. Cautery involved using heat from a hot iron rod or heat from hot oil and pouring it over the wound to seal up blood vessels however this was very painful. Which is why many people preferred using ligatures which would tie up blood vessels in order to contain the blood this was less painful than cautery but was not also successful. Due to these ineffective methods the problem of blood loss was still a major problem for surgeons during the first world war.

ResultsPlus
Examiner Comments

A response that just reached a Level 3 mark that identified why blood loss was a major problem during World War 1. Identifies some of the issues connected with blood transfusions and the nature of warfare creating deep wounds and blood loss.

ResultsPlus
Examiner Tip

Make use of both Source C and your own knowledge of the topic to access more than 5 marks.

Question 4

This question is similar to the Q4 posed in earlier series and this has caused some problems. The fact that it was about reliability, rather than utility, passed a lot of candidates by or they chose to ignore it. Some actually wrote about the sources being useful and then commented that that made them reliable; the two seemed interchangeable.

This was also the question where candidates of all ability levels wasted time and effort writing a detailed exposition of what each source said/showed eg *'in the first photograph in source D you can see … in the second source you can see …'* etc. After two pages of this candidates either run out of steam and end up with a weak answer to the actual question or simply forget what it was at all.

Many candidates achieved Level 2 more than than anything else as there was very little ARK, apart from the mundane *'and I know it's true because he did this sort of surgery'*. Where ARK was present it was more often than not used in connection with specific details about Gillies' work e.g. how many cases, successes and failures etc. Few could reference the fact that D could be checked for accuracy as Gillies *'has documents of all his patients during and after in a log'*.

Generally answers about NOP were better than those on content. It was good to see so many going beyond the photographs can't lie sort of comment to discussing this with reference to the lack of Photoshop opportunities at this time meaning that altering photos would have been very difficult, if not impossible. There does appear to be a learned response creeping into these answers. Several responses went through each source saying the nature of this source is, the origin of this source is, the provenance of this source is. Whilst this might be a useful tool to help candidates analyse a source, often having made assertions about the NOP they didn't then use it make or support an assessment/ judgement.

There was a certain amount of cross-referencing eg *'Although D has the remarkable work that the WWI surgeons could undertake, E also suggests that this was not always the* case' but however well, or not, candidates discussed NOP or content there was very little of the combining required to reach Level 3. There were very simplistic comments along the 'he would have known wouldn't he' lines but anything more sophisticated were few and far between. There were, however, several responses where candidates had used the title of Pound's book to discuss whether it would mean a bias towards Gillies.

Candidates should be encouraged by centres to test the reliability of the content with their own knowledge. This will help the candidates effectively test reliability, and help them achieve higher marks for use of relevant own knowledge.

Level 1 and Level 2 candidates tended to make a lot of assumptions about presumed reliability of sources based on what they perceived as bias. These succeeded in making a convincing argument to a greater or lesser extent. Examples include:

- The assumption that source E is unreliable as it was not positive (working from the assumption that we know now that Gillies was a huge step forward so can't have had negative outcomes, rather than the fact that many soldiers still didn't have a "normal" appearance) – this was largely unconvincing.
- D was selected for the book only because it was a successful case – with enough support this was fairly convincing as an approach
- E was selected for the book only because it was an unsuccessful case and the author wanted to do a hatchet job on Gillies – most of these candidates missed that the anecdote originally came from Gillies. Where they did recognise it was from Gillies candidates generally made a much more convincing approach than when they didn't.
- *Candidates should be encouraged not to make snap judgements on the reliability of a source based only on perceived positive or negative bias and instead drill deeper in to the reliability based on a number of factors, one of which may be the tone of the source.*

4 Study Sources D and E and use your own knowledge.

How reliable are Sources D and E as evidence of Gillies' work?

Explain your answer, using Sources D and E and your own knowledge.

(10)

I think both sources are fairly reliable as evidence for the work Harold Gillies did. The first one is a primary source, produced by the man himself with a purpose to educate, as it was a surgical textbook, but likely also so he could show off his own achievements, and also sell copies so he could make money. Despite any other motives Gillies may have had for producing this textbook, the fact that this is photographical evidence showing a steady and logical progression of treatment and healing, and this leads me to believe this is solid evidence for the advances Gillies made in plastic surgery. Also, other outside evidence tells of him doing work on peoples features to make them look 'normal' after an awful injury, and the injury sustained in the first place by the subject of the photograph seems like the kind of wound that would only be found on the battlefield, with the presence of guns and explosives. The scar tissue is actually still visible on the mans face in the last photograph, which

actually reinforces the reliability of ~~this~~ so source D, because despite Gillies being considered the father of modern ~~surg~~ plastic surgery, ~~it~~ it shows how he wasn't completely perfect, and was also hindered by the technological situation of the time. Finally, the slow progressing of the treatment of the injury, with ~~smaller~~ the results of a smaller surgery evident in the middle evidence shows how Gillies realized that surgery ~~is~~ like this had to be ~~as~~ done in small amounts, a lesson he learned when he tried to graft almost a person's entire chest to face to reconstruct their facial area, but as they died a few days later, because Gillies got too ambitious.

The second source is a biography and a ~~is~~ secondary source. I find this source to be ~~reliable~~ marginally reliable also, because it does not idolise and greatly praise Gillies' work, it actually tells us of the harsh reality of when surgery didn't happen quite as well as a patient would expect. The patients initial fear is being seen ~~by~~ by his girlfriend when he looks like an Egyptian mummy'. This tells me that he was expecting to look much better underneath his dressings, but unfort-

unately this was not the case. Gillies does described it as a reasonable repair job, and his tone seems vaguely satisfied when he considers the tools and left overs he was given to work with. Gillies' idea of success and his patient's idea of good surgery were wildly different, and of came he accounted for by banning mirrors. The devastating reality of how the patient's face could not be made aesthetically pleasing contributes to the other outside evidence that the ~~the~~ techniques and tools available in 1917 were still fairly primitive ~~that~~ in comparison to what we have today.

ResultsPlus
Examiner Comments

A Level 3 response that makes good use on the nature and provenance of both sources. Makes some telling comments on reliability and provides support from each source in turn. Some attempt to use knowledge of the historical context.

ResultsPlus
Examiner Tip

Make sure candidates focus on the question of reliability and make sure they make use of both sources in terms of content and provenance.

Question 5

Question 5 asked candidates to consider whether they agreed that there was little development in surgery during the First World War. There was a significant minority of candidates who did not attempt the question or wrote a brief response that remained in Level 1.

However, most candidates could respond to the question, although the reference to Source F meant that some became too focused on this source and did not examine the others fully. The explicit instruction to the candidates to use 'any other sources' they found of use in their response was often heeded, although at the lower levels this meant a brief summation of each source. Level 2 candidates could pick out relevant details, although without clear evaluation.

Level 1 answers struggled to tie the details they picked out of the source to the question. In some places this was clearly down to a lack of time (there were answers that were bullet points the candidate would have fleshed out given more time). *Centres should encourage better exam technique in higher level candidates who may run out of time. For lower level candidates, centres should focus on an approach to Q5 that mirrors the approach to Q1 – encourage students to make a choice about whether they agree or not and then have them support it by picking out a sentence from a source that supports their point of view.*

Level 2 answers tended to be characterised by the shopping list approach, mostly from sources only, the candidates would take these one at a time, describe their content, and link them back to the question. Occasionally this details with a link approach comes from own knowledge only, but generally it's just the sources. *Centres should encourage these candidates to move from describing the content and linking back to the question (Source A agrees with the statement. Source A shows…) towards answering the question using their own judgement and using the sources to support this (I agree with the statement. A tells us that "infection spread rapidly", showing that the problem of infection was still around, and that there hadn't been much progress since the Victorian era. On the other hand, D shows a huge amount of progress in the field of plastic surgery…")*

Level 3 answers tended to either be very scattergun (going from one point to another very quickly without much development), or very one sided (only properly exploring either for or against the hypothesis). This series most Level 3 responses tended to fall in to the latter category. *Candidates should be encouraged to properly explore both sides of the argument giving equal time and space to both. Candidates shouldn't necessarily be encouraged to sit on the fence, but the candidate must consider both to get higher marks. There were some very good responses with lots of relevant own knowledge and precisely selected sources left in Level 3 for lack of balance.*

Level 4 answers tended to be nicely balanced with a good selection of sources and own knowledge but were let down by a lack of consideration of the weight of evidence in the given sources. *Centres should encourage high level candidates to leave time for this consideration to be able to achieve the full spread of Level 4 marks.*

Candidates of all levels, though mostly 1-3, struggled to keep their ARK both relevant and in the correct time period. This tended to happen for several reasons, most of them related to cursory reading of the provenance and content of the sources:

- Some candidates were distracted from actual topic (about First World War developments) by the word "Victorian", leading to a lot of own knowledge that centred on stories of discovery of anaesthetics and antiseptics. A brief discussion of "Victorian" surgery was fine (e.g. Chloroform was a Victorian discovery) in the context of the question, but a large number of candidates were led astray by this in to a full page discussion about on Queen Victoria, Hannah Greener, and the discovery/acceptance of Chloroform.

- Lower levels (1&2) tended to use Florence Nightingale as an example, often in conjunction with sources A and B to show that her teachings had not effect on medicine during World War One
- The mention of both infection and plastic surgery led a number of candidates who struggled to 1918 meaning that mentions of penicillin, conditions of World War Two such as The Blitz, and blood plasma separation were not uncommon. Source D in particular led to later knowledge from well informed students who tied it to later developments of Archibald McIndoe/guinea pig club
- Assumptions from students that a source "published in 1938" was referring to things that happened in 1938, leading to a digression in to later developments.

Centres should encourage students to read questions, provenances, and sources at least twice to help prevent misunderstandings. They should also work with their candidates to come up with strategies to prevent wandering away from the point of the question, and should be very clear with all candidates that this paper stops at 1918, meaning any own knowledge after that point is generally out of period and not relevant.

***5 Study Sources A, D and F and use your own knowledge.**

Spelling, punctuation and grammar will be assessed in this question.

A CA + 5

reliabit

Source F suggests that there was little development in surgery during the First World War.

How far do you agree with this interpretation? Explain your answer, using your own knowledge, Sources A, D and F and any other sources you find helpful.

(16)

During the first world war, there were many developments in different things, but some believe surgery only had little development. Source F shows that although chloroform is used, there was no ~~develo~~ further development in anaesthetics during the war, this is shown where it says "unskilled use of chloroform" ~~for~~. This shows they couldn't even use already found anaesthetics appropriately. This shows that previous ~~disc~~ discoveries were still being used and not developed on, showing little development.

Little development was shown also in infection. This is shown in source A where it says

"smells terribly of infection", this shows that even though ways to ~~to~~ treat infection had been found, they weren't used correctly on wartime hospital wards. This also shows little development in surgery as again, previous discoveries weren't being used effectively, so no new ones could be discovered, or old ones developed.

Both source F and A are factual books about the time and published decades after the war had ~~a~~ ended. This shows that due to being a book, facts could have been exaggerated or missed out, to make the book more exciting to read and not include every last detail. Source ~~F states that~~ A talks about the risk of infection in the wards however from my own knowledge, I know that in 1867 (late 1800's) Joseph Lister started using carbolic soaked wound to ~~to~~ stop infection, so this could have not been mentioned in source A, to make the wards seem even more dangerous.

However, blood loss and blood transfusion were developed during the First world war. Between 1914 and 1916 Sodium citrate was found by Lewisohn to stop blood from clotting. This shows that during ~~the~~ the first world

war, there was a development because this would lead to many more blood transfusions happening and the set up of the first blood depot in 1917. This shows a development, a big one too, because blood loss and poisoning ~~could~~ would be treated from ~~these~~ this ~~discover~~ discovery.

Also, during the First world war, the use of plastic surgery was developed. Although the ~~way~~ use of tubes ~~were~~ was already discovered just before the war / at the beginning of the war, the development happened during the war. Th Gillies set up the first plastic surgery clinic during the war and tested and improved his techniques from ~~the~~ 1916 onwards. Source D clearly shows the effective use of plastic surgery, because the person's face is reconstructed, and well. This shows a big development in surgery because the use of plastic surgery was use and tested greatly during the First world war.

Source D is from a surgical textbook so is reliable because it is used to educate, even though it could only show the best results as published by Gillies himself, it

still shows the plastic surgery working. From my own knowledge, I know plastic surgery was successful and this is shown in source D.

Overall, I know that the First World war was ~~that~~ full of improvements and developments including in surgery. There was development in plastic surgery and storing blood, however overall I think that there was little improvement because mainly only old ideas were developed and not ~~add~~ in all areas, for example ~~overall uses~~ anaesthetics or antiseptics.

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Examiner Comments

A well argued, well supported judgement indicating where developments were made and other areas where there was much less progress. Achieved a top Level 4 marks with three marks for SPaG.

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Examiner Tip

Need to make a judgement on the question set at the outset. Important to make use of both sources and own additional knowledge.

Paper Summary

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

- Make sure that inferences are made in Question 1 and not simply lifted quotes from the source.
- Ensure that the purpose of the source is directly addressed and avoid just commenting on the information it provides.
- Make sure you use both information from source C and your own knowledge in answering question 3.
- Explain each source's reliability in terms of its content and provenance in question 4.
- Avoid excessive length on earlier questions to allow enough time to do justice to the 19 marks on offer in Question 5.

Grade Boundaries

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

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

Llywodraeth Cynulliad Cymru
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