

CHOLERA  
AND  
PUBLIC HEALTH  
COURSEWORK  
ASSIGNMENTS

# GCSE HISTORY COURSEWORK ASSIGNMENTS

## Teacher Information

### Introduction:

These assignments comprise sources, questions and mark schemes which will enable your pupils to fulfil the coursework requirements in history for Edexcel Foundation specifications for first examination in summer 2003. You may use these assignments as they stand. They have been designed to assess the full range of grades targeted by the syllabus (Grades G-A\*). Assistance may be given in class to aid the comprehension of the sources.

You may also adapt these assignments if wished by:

- Providing additional or replacement sources
- Providing additional or replacement questions

However, if you wish to make change you should submit these to the History Subject Officer for approval to ensure that revised sources or questions given candidates appropriate opportunity to meet the targets specified at the appropriate level.

### Management of the assignment:

The assignment has been designed to accommodate some flexibility of classroom practice. The following points should be borne in mind:

- Although all the questions *may* be tackled as part of a single task, this is not necessary. The timing of individual questions within an assignment may be staggered over a period of time and integrated into the programme of study.
- Candidates may use the sources provided in the pack as part of their preparation for Assignment 1 but this is not a requirement.
- Your candidates should draw upon their contextual knowledge when using the sources for Assignment 2. The historical content listed below should be familiar to candidates before they attempt to answer the questions.

# Cholera and Public Health

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This assignment should arise from a teaching programme designed to occupy approximately half a term. Before candidates begin this assignment they should have knowledge of:

- Changes in the size, composition and distribution of the population.
- The impact of industrialisation on urban growth, living conditions and the environment.
- Attempts by local and central government to improve public health: the role of Chadwick.
- Changes in medical knowledge.

## Introduction

The rapid growth of towns in the late eighteenth and early nineteenth centuries caused many problems. Among the greatest problems faced by the authorities both at a local and a national level during this period was the issue of public health. Overcrowded housing conditions, poor sanitation, inadequate supplies of fresh water, and the effects of poverty created health problems. The state of knowledge on the cause of disease was basic and often inaccurate. Many doctors and administrators such as Edwin Chadwick still believed in the “miasmatic” theory of disease. Unaware of the existence of germs it was believed that vapours in the air carried disease and the risk of infection. Efforts to improve standards of housing and sanitation in towns met with the opposition of vested interests, ignorance and lack of organisation at all levels.

Of all diseases common in the nineteenth century perhaps the most feared was cholera. Cholera originated in India in the early years of the nineteenth century and reached England in 1817 for the first time. There was no known remedy for the disease. Doctors and local authorities seemed powerless to stop or slow its progress. The most serious outbreak occurred in 1831-1832 but there were others in the 1840s, and this was one of the main factors in persuading those in authority that something should be done. Over the next few decades a series of steps such as the Public Health Act of 1848 were taken to improve public health. Dr John Snow established the link between the spread of cholera and infected water supplies.

In this assignment you will investigate the impact of cholera and the changes that resulted from it.

**SOURCE A:** From *'A Report on the Sanitary Conditions of Newcastle, North Shields, Sunderland, Durham and Carlisle'*, by Dr D. B. Reid, 1845.

The streets most densely populated by the poorer classes are full of filth where the direct rays of the sun never reach. In some of the courts I have noticed heaps of filth, amounting to 20 or 50 tons, which, when it rains gets into some of the cellar dwellings. A few public necessities (toilets) have been built, but too few for the population.

Piggeries were also pointed out to me which made things worse. The absence of dustbins was everywhere a cause of great annoyance, and nothing horrified me more than the attempt to keep the refuse of privies for the purpose of selling it to neighbouring farmers.

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**SOURCE B:** A description of Manchester taken from the *'Report of the Committee on the Health of Towns 1840.'*

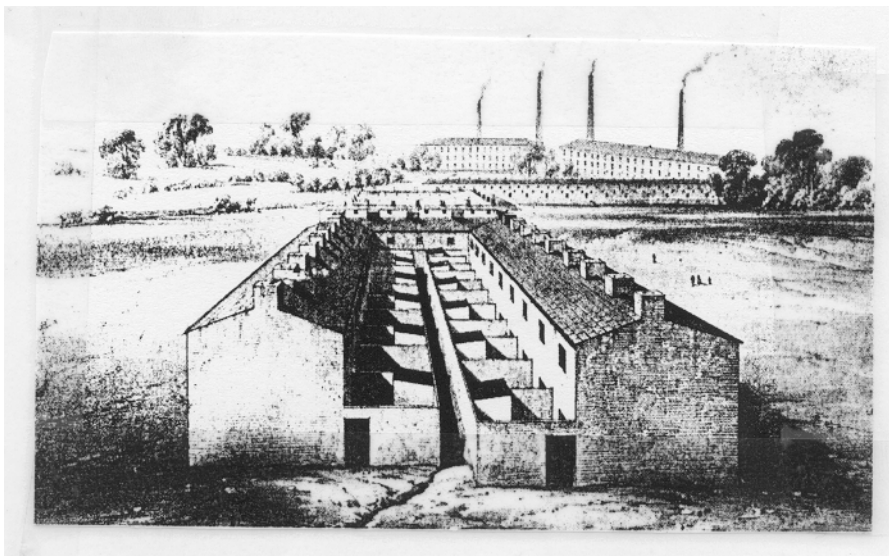
Manchester has no building Act, and as a result, with the exception of certain central streets, over which the Police Act gives the Commissioners power, each proprietor builds as he pleases. New cottages...huddled together row behind row, may be seen springing up in many parts,... the authorities cannot interfere. A cottage row may be badly drained, the streets may be full of pits, brimful of stagnant water, the receptacle of dead cats and dogs, yet no-one may find fault.

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**SOURCE C:** a cartoon from *Punch* in 1852 called 'A Court for King Cholera.'



**SOURCE D:** A group of industrial cottages in Preston in 1844. The privies are at the end of the yards and drain into an open trench which runs down the middle. The landlord arranged for the trench to be cleaned out twice a year. The contents were piled up nearby.



**SOURCE E:** From *'Endangered Lives: Public Health in Victorian Britain'*, by Anthony Wohl, 1983.

Cholera was a new disease to the English and the first national epidemic since the seventeenth century plague. It reminded the Victorians that their society, however progressive, was not immune to the plagues of the past. Roughly 32,000 people died from cholera in (the first epidemic in) 1831-2, 62,000 in the epidemic of 1848-9, another 20,000 in 1853-4 and about 14,000 in 1866-7. But as important as the number dying was the speed with which cholera could strike. The victim could be dead within a few hours....

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**SOURCE F:** A description of the effects of cholera from the *Sunderland Herald*, October 1831.

The following are the early symptoms of the disease... giddiness, sick stomach, slow or small pulse, cramp at the top of fingers and toes... Purging... diarrhoea, vomiting or purging of a liquid like rice-water... the face becomes sharp and shrunken, the eyes sink and look wild, the lips, face, neck, hands and feet, and the whole surface of the body a leaden, blue, purple, black.... The skin is deadly cold and often damp, the tongue always moist, loaded: coated often white and loaded, but flabby and chilled like a piece of dead flesh. Breathing is often quick but irregular... urine is totally stopped.

All means to restore the warmth of the body should be tried without delay, apply poultices of mustard to the stomach... in very severe cases 20 to 40 drops of laudanum may be given....

In the treatment of this disease it is necessary to state that no specific remedy has yet been discovered nor has any cure been sufficiently successful to recommend its use... but the greatest confidence may be expressed in the intelligence and enthusiasm of the doctors of this country who will surely find a method of cure.

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**SOURCE G:** From an advertisement that appeared in the *Sunderland Herald* in November 1831.

IMPORTANT!!!

At all seasons of the year, but particularly so at the present Period, whilst the Atmosphere is undergoing sudden Changes, generating and increasing infectious disorders, and especially whilst the Public Mind is distracted with Fears lest that dreadful Scourge to Mankind,

THE CHOLERA MORBUS,

should visit this Neighbourhood, it cannot be too generally known that the Ravages of that most formidable Disease may be arrested, and the Progress of Fevers, of the most dangerous and contagious Character, suspended by the Free Use of the Concentrated Disinfecting Solutions of

CHLORIDE OF LIME  
& CHLORIDE OF SODA,  
of a Uniform Strength,

Prepared with the greatest Exactness, and sold Wholesale and retail by  
JOHN RITSON  
CHEMIST AND DRUGGIST,  
NO.4 High Street, Sunderland.

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**SOURCE H:** From a letter by Dr Brown to Lord Londonderry. It was sent by Lord Londonderry to the *Sunderland Herald* in November 1831. Londonderry was a wealthy coal mine owner who stood to lose financially if the measures taken to control the spread of cholera were kept in place.

My Lord,

...The conclusions which I have reached, from all I have witnessed are -

1. That the disease has certainly not been imported.
2. That it is not contagious.
3. That it has attacked... the lowest order, living in the worst situations and... broken down by previous disease, old age or intemperance.
4. That it is very much subsiding.
5. The commercial restrictions are totally unnecessary as the disease is not communicable...

The ship owners and merchants are in a terrible state... ships from here are subject to fifteen days quarantine.

Your Lordship's Obedient Servant

J Brown

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**SOURCE I:** From '*The Report on the Sanitary Condition of the Labouring Population of Great Britain*' by Edwin Chadwick, 1842.

The various forms of epidemic disease... amongst the labouring classes are caused by atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and overcrowded buildings.

The formation of all habits of cleanliness is obstructed by defective supplies of water.

The annual loss of life from filth and bad ventilation are greater than the loss from death or wounds in any wars in which the country has been engaged in modern times.

The expense of Public drainage and water supplies would be saved again by reducing the existing costs of sickness and mortality...

We do not shrink from saying that the responsibility for this loss of life rests mainly upon those who have the greatest power to remove it - the corporation.... They can get powers which will enable them to prohibit back to back houses and cellar dwellings; to insist that all houses shall be connected with the new drainage. They could appoint a medical officer.



**SOURCE J:** From the Report of the Board of Health, 1854.

We are aware that, in carrying out our duties... we have unavoidably interfered with powerful interests, which have the means of making themselves heard by members of Government and by Parliament. We have been under the necessity of stating facts with relation to the weakness of earlier efforts.

The scheme we proposed for burials outside cities threatened... cemetery companies and the entire body of undertakers.

The report in condemning the present... supply of water to London, necessarily attracted the hostility of the existing water companies.

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**SOURCE K:** An eye witness account by James Smith of a council meeting in Leeds in 1844. The council was debating plans for a new sewerage system for the city.

I listened to the debate for nearly six hours. The chief argument of the speakers against the plan was saving the ratepayers money. They were not thinking of the sanitary results. They decided to consider a plan designed by their own surveyor. This plan would save money but the main sewers would empty their contents into the river at several points and so continue the pollution.

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**SOURCE L:** From *‘Endangered Lives: Public Health in Victorian Britain’* by Anthony Wohl, 1983.

In the treatment of sewerage the Victorians were pioneers, they had to learn by trial and error. The scope for error was enormous. In 1844 Leeds first considered sewerage the town. It was nervous about the effects of diverting water from factories, the possibilities of sewers seeping into cellar dwellings etc.

There were disagreements about whether to use the river as an outlet for the drains. The local newspaper, *The Leeds Intelligencer* accused the Corporation of being guilty of a most criminal delay, but one can sympathise with any town council which took a good long look before leaping into sanitary engineering.

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**Assignment One: Assessment Objective 1**

1. Describe the conditions that encouraged the spread of diseases such as cholera in the first half of the nineteenth century. **(15)**
  
2. Why was there so much opposition to improving public health conditions in towns during this period? **(15)**
  
3. How effective were measures taken to improve public health in towns before 1870? **(20)**

**(Total: 50 marks)**

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### **Assignment Two: Objective 2 and 3**

1. Study Source A.

What can you learn from Source A about sanitary conditions in Newcastle in 1845? **(6)**

2. Study Sources A, B, C and D.

Do Sources B, C and D support the evidence of Source A? Explain your answer by reference to the sources. **(8)**

3. Study Sources E, F and G and use your own knowledge.

Use Sources E, F and G and your own knowledge to explain why cholera was such a dreaded disease in the first half of the nineteenth century. **(12)**

4. Study Sources J, K and L.

How useful are these Sources in helping you understand why there was so much opposition to public health reform? **(10)**

5. Study all the Sources and use your own knowledge.

“Public health measures and Acts were largely ineffective before 1870 in tackling the real problems of public health.” Use the sources, and your own knowledge, to explain whether you agree with this view. **(14)**

**(Total: 50 marks)**

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## Coursework Assignment Mark Scheme

### Cholera and Public Health

#### Assignment One: Objective 1

1. *Describe the conditions that encouraged the spread of diseases such as cholera in the first half of the nineteenth century.* (15)

**Target:** Key Features, causation/recall of knowledge. (AO1)

**Level 1:** Simple statement offering some details of why diseases were common in the first half of the nineteenth century, e.g. poor housing and sanitation. (1-5)

**Level 2:** Developed statements giving details supported by relevant knowledge e.g. can give details of poor sanitation as well as other factors such as ignorance of the causes of disease or lack of effective government action. (6-10)

**Level 3:** Developed explanation supported by appropriately selected knowledge: which can explain the reasons why diseases were so common e.g. can give a range of different reasons and can explain how they are interconnected. (11-15)

2. *Why was there so much opposition to improving public health conditions in towns during this period?* (15)

**Target:** Causation/ recall of knowledge (AO1)

**Level 1:** Simple statements giving reasons for opposition supported by some knowledge, e.g. opposition to paying higher taxes or opposition to be told what to do - a loss of individual freedom. (1-5)

**Level 2:** Developed statements giving reasons supported by relevant knowledge, e.g. the strength of vested interests that profited from keeping things as they were or can explain the use of laissez-faire ideas. (6-10)

**Level 3:** Developed explanation supported by appropriately selected knowledge showing understanding of the main factors at work with effective use of knowledge in support, e.g. groups such as the “Muckabites” and the groups that opposed the work of Chadwick etc. (11-15)

3. *How effective were measures taken to improve public health in towns before 1870?* (20)

**Target:** Consequence/key features/recall of knowledge (AO1)

**Level 1:** Simple statements giving details of some of the changes that were introduced supported by some knowledge, e.g. the 1848 Public Health Act and the setting up of local Boards of Health. (1-5)

**Level 2:** Developed statements giving some evaluation of effectiveness supported by relevant knowledge e.g. the voluntary nature of much early legislation and the fact that many areas chose to ignore it or examples of improvement over the period. (6-10)

**Level 3:** Developed explanation supported by appropriately selected knowledge of relative success of measures taken, e.g. can give areas of success as well as limitations such as the opposition to Chadwick and his methods. (11-15)

**Level 4:** Sustained argument supported by precisely selected knowledge showing clear understanding of the nature and degree of success and can make effective and balanced judgements well supported by knowledge and examples. (16-20)

## Mark Scheme

### Cholera and Public Health

#### Assignment Two: Assessment Objectives 2 and 3

1. *What can you learn from Source A about sanitary conditions in Newcastle in 1845?* (6)
- Target: Comprehension of, and inference from, a source (AO2)**
- Level 1:** Information taken from source at face value, e.g. sanitation was bad, not enough toilets. (1-3)
- Level 2:** Developed statements using inferences from the Source, e.g. can indicate how waste was kept for profit and seeped into houses when it rained. (4-6)
2. *Do Sources B, C and D support the evidence of Source A? Explain your answer by reference to the sources.* (8)
- Target: Analysis and cross referencing of sources to make a judgement (AO2)**
- Level 1:** Simple statements supported by some knowledge using sources to support judgement, e.g. all talk of filth and heaps of rubbish. (1-3)
- Level 2:** Developed statement supported by relevant knowledge from the sources in support of argument using all four e.g. as above but can make more effective use of examples from the sources. Bad drains in B, piles of waste in C and piled waste in D. (4-6)
- Level 3:** Developed explanation giving a judgement making confident use of all four sources and selected knowledge, e.g. can possibly comment on the areas that are not supported or difficulty in making effective inferences from sources in different parts of the country or different periods. (7-8)

3. *Study Sources E, F and G and use your own knowledge. Use Sources E, F and G and your own knowledge to explain why cholera was such a dreaded disease in the first half of the nineteenth century.* (12)

**Target: Analysis and explanation of Sources in context (AO2)**

**Level 1:** Simple statements offering points in support using the sources or own knowledge, e.g. large number of people that died and horrible symptoms. (1-3)

**Level 2:** Developed statements giving reasons that would explain why people were afraid, supported from sources and own selected knowledge, e.g. the speed with which it spread, the lack of effective measures to stop it and no known cure. (4-6)

**Level 3:** Developed explanation giving a balanced judgement of reasons making confident use of the sources and supported by appropriately selected knowledge, e.g. shows understanding of a range of factors from the disease itself to lack of knowledge, panic and the inability of the medical establishment to do anything about it. (7-10)

**Level 4:** Sustained argument using the sources as evidence supported by precisely selected knowledge e.g. understands the complexity of the factors involved from ignorance to the fact it hit rich and poor alike. (11-12)

4. *Study Sources J, K and L. How useful are Sources J, K and L in helping you understand why there was so much opposition to public health reform?* (10)

**Target:** Analysis of utility and interpretation of sources (AO2).

**Level 1:** Simple statements offering points in support using the sources at face value as information e.g. some had a vested interest in doing nothing and people did not want to pay for improvements. (1-3)

**Level 2:** Developed statements giving reasons supported from sources and own knowledge. Can point out the weakness of the source or set the source in context, e.g. ratepayers did not want to pay and local and national government did not see it as any of their business. Reveals extent of problem and measures needed to improve things from reliable Public Reports of the period, sources we can trust (4-6)

**Level 3:** Developed analysis of utility making positive use of the nature, origin and purpose of the sources e.g. the value of personal accounts, the official reports and the balanced view of a later historian but will relate answer to what was needed to improve standards of public health. (7-10)

5. *Study all the sources. 'Public health measures and Acts were largely ineffective before 1870 in tackling the real problems of public health.' Use the sources, and your own knowledge, to explain whether you agree with this view.* (14)

**Target:** Evaluation of interpretations/recall of knowledge (AO3)

**Level 1:** Simple statement offering points in support of choice, using sources or own knowledge, e.g. yes - because people often ignored them or no - real improvements were made with some limited use of examples in support. (1-3)

**Level 2:** Developed statements offering points in support of judgement, using sources and supported by relevant knowledge, e.g. yes, because of the vested interests little was done before 1870 and often ignored afterwards or can point to the work of pioneers such as Chadwick in support of no. (4-6)

**Level 3:** Developed explanation giving a judgement about the view making confident use of the sources and supported by appropriately selected knowledge, e.g. J, K and L all give details of real improvements that were made and earlier



problems were in the process of being dealt with and some awareness of other areas where success was less marked. (7-11)

**Level 4:** Sustained argument giving a reasoned choice using sources as evidence and supported by precisely selected knowledge which critically evaluates the accuracy of the view and can compare it with others e.g. examines the extent of reform and its limitations with precisely selected use of sources and own knowledge. (12-14)