



**GCSE (9-1)**  
**History** - Paper 1 British  
Thematic Study with  
Historic Environment  
(1HI0/11) (Medicine)  
exemplar pack

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## Introduction

This exemplar booklet has been created using student responses from the summer 2018 exam paper in GCSE History paper 1 - British Thematic Study with Historic Environment (1HI0/11) (Medicine). The answers and examiner commentaries in this guide can be used to show the application of the mark schemes in the GCSE History assessment.

The exam duration is 1 hour and 15 minutes. The paper is marked out of 52 marks and is worth 30% of the qualification. The examination paper covers AO1, AO2 and AO3.

The examination paper is divided into Section A (Q1-2b) – Historic Environment – and Section B (Q3-5/6) – Thematic Study.

The structure of the question paper is as follows:

	<b>Total marks</b>	<b>Assessment objective</b>	<b>Question description</b>	<b>Example question stem</b>
<b>1</b>	4	AO1	Description of features	Describe <b>two</b> features of...
<b>2a</b>	8	AO3	Analysis and evaluation of source utility	How useful are Sources A and B for an enquiry into...?
<b>2b</b>	4	AO3	Framing historical questions	How could you follow up Source [A/B] to find out more about...?
<b>3</b>	4	AO1/AO2	Comparison of similarity and/or difference (over time)	Explain one way in which xxxx was similar to yyyy
<b>4</b>	12	AO1/AO2	Explanation of the process of change	Explain why... + <i>two stimulus points</i>
<b>5/6</b>	16 + 4 SPaG	AO1/AO2	Judgement relating to one of the following: the extent of change; patterns of change; process of change; impact of change	'[Statement.]' How far do you agree? Explain your answer. + <i>two stimulus points</i>

The question papers provided answer spaces to give guidance as to the maximum length of response that might be expected (although candidates may use more space). Tables and structured spaces are provided for some question types (Q1 and Q2b) and stimulus points are provided as prompts on higher-tariff questions (Q4 and Q5/6).

The questions used are 2a, 2b, 5 and 6 from section A and section B. The questions exemplify the AO3 source-based questions in Section A and AO2/AO1 extended writing judgment questions in Section B.

**Question 2(a):** How useful are Sources A and B for an enquiry into the treatment of battle injuries by medical staff on the Western Front?

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

**Sources for use with Section A.**

**Source A:** A photograph showing a British casualty clearing station on the Western Front, c1916.



**Source B:** From *A Nurse at the Front, The First World War Diaries of Sister Edith Appleton* by Edith Appleton. Edith's handwritten diaries were kept by her family until they were published in 2012. She was a trained nurse, working at a military base hospital in northern France. Here Edith is describing the arrival of wounded soldiers at the hospital during the early days of the Battle of the Somme, 1916.

July 4

Wounded! Hundreds upon hundreds, some on stretchers, some being carried, and some walking – and all covered from head to foot in mud. We had to deal with large numbers of horribly bad wounds. Some were crawling with maggots while others were stinking and full of gangrene. One poor lad had been shot in both eyes. Three men had died on the way to the hospital and two died before they could be treated.

July 8

The surgeons are amputating limbs and boring holes into skulls at the rate of 30 a day.

July 13

I fear one boy may not get better. He has pneumonia caused by a lump of metal in his left lung and I suppose they will not be able to operate on him.

## Mark scheme

Question		
2 (a)		<p>How useful are Sources A and B for an enquiry into the treatment of battle injuries by medical staff on the Western Front?</p> <p>Explain your answer, using Sources A and B and your knowledge of the historical context.</p> <p><b>Target:</b> Analysis and evaluation of source utility. <b>AO3:</b> 8 marks.</p>
Level	Mark	Descriptor
	0	No rewardable material.
1	1–2	<ul style="list-style-type: none"> <li>A simple judgement on utility is given, and supported by undeveloped comment on the content of the sources and/or their provenance<sup>1</sup>. Simple comprehension of the source material is shown by the extraction or paraphrase of some content. Limited contextual knowledge is deployed with links to the sources.</li> </ul>
2	3–5	<ul style="list-style-type: none"> <li>Judgements on source utility for the specified enquiry are given, using valid criteria. Judgements are supported by developed comment related to the content of the sources and/or their provenance<sup>1</sup>. Comprehension and some analysis of the sources is shown by the selection and use of material to support comments on their utility. Contextual knowledge is used directly to support comments on the usefulness of the content of the sources and/or their provenance.</li> </ul>
3	6–8	<ul style="list-style-type: none"> <li>Judgements on source utility for the specified enquiry are given, applying valid criteria with developed reasoning which takes into account how the provenance<sup>1</sup> affects the usefulness of the source content. The sources are analysed to support reasoning about their utility. Contextual knowledge is used in the process of interpreting the sources and applying criteria for judgements on their utility.</li> </ul>
<p><b>Notes</b></p> <p>1. Provenance = nature, origin, purpose.</p> <p><b>Marking instructions</b></p> <p>Markers must apply the descriptors above in line with the general marking guidance.</p> <p>No credit may be given for contextual knowledge unless it is linked to evaluation of the sources.</p> <p>No credit may be given for generic comments on provenance which are not used to evaluate source content.</p> <p><b>Indicative content guidance</b></p> <p>Answers must be credited according to candidates' deployment of material in relation to the qualities outlined in the mark scheme. While specific references are made in the indicative content below, this does not imply that these must be included; other relevant material must also be credited. The grouping of points below does not imply that this is how candidates are expected to structure their answers.</p> <p><b>Source A</b></p> <p>The usefulness could be identified in terms of the following points which could be drawn from the source:</p> <ul style="list-style-type: none"> <li>Source A is useful because it shows there was a wide range of minor injuries such as head wounds, foot wounds, broken limbs, which were treated by medical staff.</li> <li>The photograph shows two nurses and an orderly bandaging patients, which suggests that they treated minor injuries, while major injuries requiring surgery might have been treated in the tent behind them.</li> </ul> <p>The following points could be made about the authorship, nature or purpose of the source and applied to ascribe usefulness to material drawn from it:</p> <ul style="list-style-type: none"> <li>The photograph shows a casualty clearing station and it is possible that it was taken to reassure people at home that wounded soldiers were cared for or to demonstrate the work done by nurses, which might mean that its focus on minor injuries makes it unrepresentative.</li> <li>As a photograph, it should be an accurate record of the scene but the lack of precise details about the origins of the photograph make it difficult to check whether it is representative of the treatment of injuries on the Western Front.</li> </ul> <p>Knowledge of the historical context should be deployed to support inferences and/or to assess the usefulness of information. Relevant points may include:</p>		

- Casualty clearing stations treated minor wounds; severe cases and ones requiring surgery were usually passed to a base hospital.
- Some injuries were not fatal in themselves but needed blood transfusions or were complicated by an infection which then needed further treatment.

**Source B**

The usefulness could be identified in terms of the following points which could be drawn from the source:

- Source B is useful because it suggests the severity and range of injuries among the men sent to be treated at hospital.
- The description of injuries to limbs, heads and lung illustrates the various injuries needing treatment.
- The reference to patients arriving for treatment at the hospital, shows that soldiers suffered a range of injuries, which needed to be treated in different ways.

The following points could be made about the authorship, nature or purpose of the source and applied to ascribe usefulness to material drawn from it:

- Appleton was a trained nurse and she wrote up her diary regularly during the war, therefore her observations and comments about the injuries should be accurate.
- When she wrote up her diary, her comments might have been affected by her emotions or by tiredness.
- This was the early stages of the Somme and it could be misleading if selected entries are assumed to reflect the usual situation on the Western Front.

Knowledge of the historical context should be deployed to support inferences and/or to assess the usefulness of information. Relevant points may include:

- The increased use of high explosives made head injuries more common.
- Appleton was working at a base hospital where the worst injuries would be sent; many more injuries would be dealt with at casualty clearing stations, dressing stations and First Aid posts.

The question asks for a judgement on the usefulness of the sources for a specific enquiry – in this case, an enquiry about the treatment of battle injuries. In order to assess the usefulness of a source, the candidate needs to show how the content of the source would be used by the historian but also needs to take into account how the nature / origin / purpose of the source affects its usefulness. Answers also need to be rooted in the context of the historic environment and to use contextual knowledge in the evaluation of the source's usefulness.

This is a single Assessment Objective but there are three strands within that objective. The key to a high-level response is that criteria relevant to an evaluation of the specific source (e.g. accuracy, reliability, limitations, knowledge of the author, special insights or valuable information) are selected and applied with valid reasoning and not simply asserted and that content, provenance and context of the sources are considered together. Therefore, for Level 3, these strands should be linked; an answer which makes each point separately is likely to remain in Level 2.

Additionally, candidates are expected to use their contextual knowledge of the period as part of the process of evaluating the sources. Contextual details simply offered as information and not linked to the evaluation of the sources, will not be rewarded. Similarly, generic source comments which are not linked to source evaluation, will not be rewarded.

## Candidate response to question 2(a)

### Response 1

Source A is a photograph of two nurses treating wounded soldiers outside of a tent. About two soldiers are depicted as having splints. The image is described as being based around the time of 1916. This photograph could be used for medical documentation or propaganda purposes. To begin with Source A is a slightly useful source as it is a photograph and therefore, can be interpreted in many ways. However, although the image has some truth embedded within it, the image fails to show the thousands of soldiers who died because of a lack of medical materials, furthermore source A fails to give a specific origin and time period which makes this source less useful as it could be biased. Furthermore, during the Battle of the Somme, there were at least 120,000 injuries and there was a lack of medical support as people were trying to ~~lead~~ <sup>treat</sup> the injured soldiers as quickly as possible, the image reveals that perhaps it was used for government material to bring hope and motivate the young people of France and England to join the war, this makes this source not useful. However, we can agree that during this time, Thomas Splint had developed this form of treatment to fix broken bones, this shows

that treatment was being used and new forms were being developed.

Source B, on the other hand, is highly useful as it is described as being a 'handwritten diary' which means it is a first hand account of what treatment looked like on the Western front. This form of source could be for a personal documentation rather than for propaganda. This source is useful for an enquiry into treatment as it gives several examples of treatment. For example: 'amputating limbs' and 'boring holes into skulls'. This shows that ~~perhaps~~ perhaps this nurse worked at a base hospital as during World War One, Base hospitals would be the place for surgery. Furthermore, ~~the amputating of limbs~~ 'the amputating of limbs' during the early 20<sup>th</sup> century, anaesthetic, such as chloroform, was highly used in surgery as it decreased mortality rates significantly, this was a major improvement in treatment. However, the source is also useful as it gives examples where at least 5 soldiers were unable to be treated as they died before reaching the hospital. This shows that treatment was not given to some ~~of~~ soldiers. In addition, source B also ~~also~~ describes the new forms of treatment read as the nurse gives examples of a 'joint shot wound' and 'shrapnel wound', 'she then describes how they will not be able to operate on him', this shows how progression in treatment may have been hindered. Source B, is highly useful, but also may not be as it was published a long time after the war had finished, in 2012, and therefore could have been changed.

### **Examiner comments**

**This response was awarded Level 3, 8 marks.**

The answer starts with a brief description of the content of Source A but then uses its nature and provenance to consider whether the image can be accepted at face value. The usefulness of the source content is discussed, with own knowledge being used to identify some limitations. The purpose of the source is also considered and the way it affects its usefulness, with further own knowledge being used. The assessment of Source A is Level 3.

The origin of Source B is seen as making the source content 'highly useful' because it is thought to be offering a reliable account of specific examples of treatment of injuries. Own knowledge of the role of Base Hospitals is used to place the source content in context and to discuss treatments available.

The final comment is a weak one as no reason is offered to explain why the account should have been changed but the evaluation of Source B has already reached Level 3 and therefore a 'best-fit' overall mark is 8, since both answers are securely in Level 3.

## Response 2

Source A is useful ~~because~~ for the enquiry as it's a photo so we know <sup>what</sup> it shows us is definitely real, not exaggerated or made up. In source A we can see what the casualty clearing station was like. We can see the soldiers are all sat down, none of them lay down, we can also see it's outside, and it's muddy, which can cause patients to get worse. In this source we don't see what any other stations were like, for example the base hospital.

Source B is useful because it's a diary so ~~we~~ it's probably truthful and not exaggerated to interest a reader, but we can't be certain. Source A tells us about lots of different wounds, it tells us how dirty the soldiers were, so most of these wounds would be infected. But it doesn't tell us about illnesses like trench fever, shell shock or ~~and~~ other illnesses.

### Examiner comments

This response was awarded Level 2, 4 marks.

The comment about the nature of Source A is a general one, that a photograph must give an accurate view. The content of the photograph is briefly described with the implication that this is useful because it shows what a Casualty Clearing Station looked like. The brief reference to other stations and the Base Hospital suggests an understanding that there was a range of treatment centres and the source might not show a typical situation but this was not developed.

This evaluation was low Level 2 as there was an understanding that provenance and contextual knowledge affected the usefulness of the source content but none of the comments was developed.

The nature of Source B was seen as making the source reliable and there was a brief use of source content but the comments about the source content

being limited in its usefulness because it does not mention illnesses is not relevant to this enquiry about the treatment of battle injuries. This evaluation was Level 2. Since the assessment of each source was Level 2, the overall 'best-fit' mark was 4.

## Study Source A.

**Question 2b:** How could you follow up Source A to find out more about the treatment of battle injuries by medical staff on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

### Mark scheme

Question	
<b>2 (b)</b>	<p>How could you follow up Source A to find out more about the treatment of battle injuries by medical staff on the Western Front?</p> <p>In your answer, you must give the question you would ask and the type of source you could use.</p> <p><b>Target:</b> Source analysis and use (the ability to frame historical questions). <b>AO3:</b> 4 marks.</p>
Marking instructions	
<p>Award 1 mark for selecting a detail in Source A that could form the basis of a follow-up enquiry and 1 mark for a question which is linked to it.</p> <p>e.g.</p> <ul style="list-style-type: none"><li>• <i>Detail in Source A that I would follow up:</i> The photograph shows nurses and a medical orderly bandaging soldiers' minor injuries <b>(1)</b>.</li><li>• <i>Question I would ask:</i> How were major injuries treated that needed surgery? <b>(1)</b>.</li></ul> <p>(No mark for a question that is <b>not</b> linked to following up Source A, e.g. 'because it would be an interesting question to ask'.)</p> <p>Award 1 mark for identification of an appropriate source and 1 mark for an answer that shows how it might help answer the chosen follow-up question.</p> <p>e.g.</p> <ul style="list-style-type: none"><li>• <i>What type of source I would look for:</i> RAMC medical records <b>(1)</b>.</li><li>• <i>How this might help answer my question:</i> The records would show each patient's injury and treatment, giving details of surgery <b>(1)</b>.</li></ul> <p>Accept other appropriate alternatives.</p>	

The four stages in this question should be seen as a package. The first two stages focus on the idea of the candidate acting as an historian following up an enquiry. In the first stage, one mark is given for identifying a detail from the source relevant to the enquiry. In the second stage, a second mark is given for a question arising from that detail but linking it to the broader enquiry – here about the treatment of battle injuries. The mark scheme is explicit that the question in the second stage must be linked to the detail identified from the source, therefore if the first stage is not answered correctly, no mark can be given for the second stage, even if a valid question is posed.

The third and fourth stages ask candidates to offer specific examples of how the enquiry should be followed up. They should be able to indicate a valid source to consult and to explain how the information located in that source would help to answer the question posed in the second stage. Candidates are expected to have knowledge of sources appropriate to the historic environment being studied, as indicated in the specification.

## Candidate response to question 2(b)

### Response 1

#### (b) Study Source A.

How could you follow up Source A to find out more about the treatment of battle injuries by medical staff on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source A that I would follow up: The nurses patching up the soldiers that are seated.
Question I would ask: Were nurses only allowed to treat immediate soldiers from the front-line with minor injuries?
What type of source I could use: <del>Now</del> Medical books and records produced by the Royal Army Medical Corp (RAMC)
How this might help answer my question: This would help my enquiry because it would show if nurses were trained to deal with major and minor injuries in battle.

#### Examiner comments

**This response was awarded 4 marks.**

The first stage of the answer identifies a specific detail from Source B. A valid question is posed which relates that detail to a wider enquiry about the treatment of battle injuries.

The third stage suggests a valid type of source to consult and the final stage explains how the information that could be found in these sources would help to answer the question posed by the candidate.

This answer would receive 4 marks.

## Response 2

### (b) Study Source A.

How could you follow up Source A to find out more about the treatment of battle injuries by medical staff on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source A that I would follow up:

If it was common for patients to tag  
and treat their selves and how far  
away from the front line were they.

Question I would ask:

What was the ratio between nurses and  
soldiers? In training were soldiers  
taught how to treat simple wounds?

What type of source I could use:

Internal source is from a soldier themself  
either in person or in written form is letter  
to give me first hand experiences.

How this might help answer my question:

You can find out what it like for the  
person themselves, 1st person, <sup>more</sup> information  
given as to what its like and how they  
cope and feel with the situation.

### Examiner comments

**This response was awarded 0 marks.**

The answer does not identify a detail from Source A. The question posed in stage 2 is a valid one but it is not linked to a detail from the source and, therefore, no mark can be given for either of these two answers.

In the third stage, a potentially relevant source is identified, although an individual diary or letter would not give a range of details to answer the broader enquiry about the treatment of battle injuries. However, the explanation of what information could be gained from this source is not linked to question that the candidate had posed about the ratio of nurses to soldiers (including two questions at the second stage was not helpful – the second question was ignored but the explanation was not linked to this question either).

Consequently, no marks were awarded for the third and fourth stages and the final mark for this answer was 0.

## Question 5 and 6

These questions require candidates to analyse material and evaluate it in order to make a judgement about the statement in the question. Questions will always target at least one of the second order concepts: change, continuity, causation, consequence, significance, similarity and difference in relation to change (extent of, patterns of, process of, impact of) over a broad period of time. The progression in AO2 moves from a 'simple or generalised answer' at Level 1, to an 'analytical explanation, which is directed consistently at the conceptual focus of the question, showing a line of reasoning that is coherent, sustained and logically structured' at Level 4.

This analysis needs to be supported by knowledge and understanding, so the AO1 assessment moves from 'limited knowledge and understanding' at Level 1, to 'accurate and relevant information, which is precisely selected to address the question directly, showing wide-ranging knowledge and understanding of the required features or characteristics of the period' at Level 4.

It should be noted that all 16-mark questions will cover a period of at least 200 years and, therefore, answers will be expected to demonstrate a breadth of knowledge. Answers are also expected to cover three different aspects of content. The stimulus points in the question act as an indication of relevant material that could be included although candidates are not required to use them.

The wording of the mark scheme for Assessment Objectives 2 and 1 is exactly the same as in the mark scheme for the 12-mark question but an additional bullet point is included in each level of the 16-mark question to reward the element of judgement that is expected. All three bullet point strands are rewarded in coming to an overall mark. At Level 1, the judgement is either missing or simply asserted but at Level 4, it is made clear how that judgement has been reached and the criteria being applied will be valid.

**Question 5:** 'There was little progress in understanding the cause of disease in the years c1250-c1700.'

How far do you agree? Explain your answer.

You may use the following in your answer:

- the Great Plague in London, 1665
- Thomas Sydenham

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

### Mark scheme

Question		
5		<p>'There was little progress in understanding the cause of disease in the years c1250-c1700.'</p> <p>How far do you agree? Explain your answer.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>You may use the following in your answer:</p> <ul style="list-style-type: none"> <li>• the Great Plague in London, 1665</li> <li>• Thomas Sydenham</li> </ul> <p>You <b>must</b> also use information of your own.</p> </div> <p><b>Target:</b> Analysis and evaluation of second order concepts: change and continuity [AO2];            Knowledge and understanding of features and characteristics [AO1].  <b>AO2:</b> 10 marks.  <b>AO1:</b> 6 marks.  <b>Spelling, punctuation, grammar and the use of specialist terminology (SPaG):</b> up to 4 additional marks.</p>
Level	Mark	Descriptor
	0	No rewardable material.
1	1-4	<ul style="list-style-type: none"> <li>• A simple or generalised answer is given, lacking development and organisation. [AO2]</li> <li>• Limited knowledge and understanding of the topic is shown. [AO1]</li> <li>• The overall judgement is missing or asserted. [AO2]</li> </ul>
2	5-8	<ul style="list-style-type: none"> <li>• An explanation is given showing limited analysis and with implicit or unsustainable links to the conceptual focus of the question. It shows some development and organisation of material, but a line of reasoning is not sustained. [AO2]</li> <li>• Accurate and relevant information is included, showing some knowledge and understanding of the period. [AO1]</li> <li>• The overall judgement is given but its justification is asserted or insecure. [AO2]</li> </ul> <p><i>Maximum 7 marks for Level 2 answers that do not go beyond aspects prompted by the stimulus points.</i></p>
3	9-12	<ul style="list-style-type: none"> <li>• An explanation is given, showing some analysis, which is mainly directed at the conceptual focus of the question. It shows a line of reasoning that is generally sustained, although some passages may lack coherence and organisation. [AO2]</li> <li>• Accurate and relevant information is included, showing good knowledge and understanding of the required features or characteristics of the period studied. [AO1]</li> <li>• The overall judgement is given with some justification, but some criteria selected for the required judgement are left implicit or not validly applied. [AO2]</li> </ul> <p><i>Maximum 11 marks for Level 3 answers that do not go beyond aspects prompted by the stimulus points.</i></p>
4	13-16	<ul style="list-style-type: none"> <li>• An analytical explanation is given which is directed consistently at the conceptual focus of the question, showing a line of reasoning that is coherent, sustained and logically structured. [AO2]</li> <li>• Accurate and relevant information is precisely selected to address the question directly, showing wide-ranging knowledge and understanding of the required features or characteristics of the period studied. [AO1]</li> <li>• Criteria for the required judgement are justified and applied in the process of reaching the overall judgement. [AO2]</li> </ul> <p><i>No access to Level 4 for answers that do not go beyond aspects prompted by the stimulus points.</i></p>

Marks for SPaG		
Performance	Mark	Descriptor
	0	<ul style="list-style-type: none"> <li>The learner writes nothing.</li> <li>The learner's response does not relate to the question.</li> <li>The learner's achievement in SPaG does not reach the threshold performance level, e.g. errors in spelling, punctuation and grammar severely hinder meaning.</li> </ul>
Threshold	1	<ul style="list-style-type: none"> <li>Learners spell and punctuate with reasonable accuracy.</li> <li>Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall.</li> <li>Learners use a limited range of specialist terms as appropriate.</li> </ul>
Intermediate	2-3	<ul style="list-style-type: none"> <li>Learners spell and punctuate with considerable accuracy.</li> <li>Learners use rules of grammar with general control of meaning overall.</li> <li>Learners use a good range of specialist terms as appropriate.</li> </ul>
High	4	<ul style="list-style-type: none"> <li>Learners spell and punctuate with consistent accuracy.</li> <li>Learners use rules of grammar with effective control of meaning overall.</li> <li>Learners use a wide range of specialist terms as appropriate.</li> </ul>
<p><b>Marking instructions</b></p> <p>Markers must apply the descriptors above in line with the general marking guidance.</p> <p>Performance in AO1 and AO2 is interdependent. An answer displaying <b>no</b> qualities of AO2 cannot be awarded more than the top of Level 1, no matter how strong performance is in AO1; markers should note that the expectation for AO1 is that candidates demonstrate both knowledge <i>and</i> understanding.</p> <p>The first two bullet points [AO1 and AO2] account for 3 of the 4 marks in the level and are equally weighted; the third bullet point [AO2] accounts for the remaining mark. Once the level has been found, there are two steps to follow to determine the mark within the level:</p> <ul style="list-style-type: none"> <li>Markers should consider bullet points 1 and 2 together. Strong performance (for the level) in both would be awarded all 3 marks, while 2 marks may be achieved by stronger performance in either bullet point; weak performance would be awarded 1 mark.</li> <li>The fourth mark in each level is allocated to the bullet point 3 and should be considered independently of the award of the other marks.</li> </ul> <p><b>Indicative content guidance</b></p> <p>Answers must be credited according to candidates' deployment of material in relation to the qualities outlined in the mark scheme. While specific references are made in the indicative content below, this does not imply that these must be included; other relevant material must also be credited. The grouping of points below does not imply that this is how candidates are expected to structure their answers.</p> <p>Relevant points that support the statement may include:</p> <ul style="list-style-type: none"> <li>Belief in religious causes of illness were still predominant by 1665, shown in the continuing idea of fasting and prayer as prevention against the plague.</li> <li>There was a continuing belief in miasma as the cause of illness, shown in the way barrels of tar were burned in the streets in 1665.</li> <li>The idea of an imbalance of humours as the cause of disease was still prevalent, shown in the way physicians would still recommend bleeding and purging as late as 1700.</li> <li>Renaissance discoveries about anatomy and physiology had little relevance to ideas about the cause of disease.</li> </ul> <p>Relevant points to counter the statement may include:</p> <ul style="list-style-type: none"> <li>A new idea about the cause of disease is suggested by the order to kill cats and dogs in London during the plague in 1665.</li> <li>The fact that the Bills of Mortality differentiated between different diseases suggests an improved understanding of the cause of disease.</li> <li>Improved understanding of the cause of disease was demonstrated in the work of Thomas Sydenham, who suggested ways to group types of disease but showed how to differentiate between measles and scarlet fever.</li> <li>The decline of the Church's authority meant new scientific ideas could be explored and medical training could develop.</li> </ul>		

## Candidate response to question 5

### Response 1

I agree to an extent with the statement "there was little progress in understanding the cause of disease in the years ~~1250~~ c1250 - c1700. Factors like the church hindered the understanding of the cause of disease but individuals did seek answers other than the supernatural.

Individuals like Galen and Hippocrates meant that there was little progress in understanding the cause of disease in the years c1250 - c1700. Galen believed in the theory of opposites and this was promoted by the church, who were very influential at the time. ~~Galen~~ Hippocrates believed disease was caused by an imbalance of the Four Humours and was also believed throughout this time period. However there was little progress in understanding the cause of disease in the years c1250 - c1700 as both Galen and Hippocrates were wrong. This meant that people ~~still~~ made little progress in understanding the cause of disease as Hippocrates and Galen's theories remained popular throughout the years c1250 - c1700.

On the other hand it can be argued that other individuals were significant as they did cause progress in the understanding of the cause of disease. Vesalius made discoveries on anatomy and showed how the human body was made up. He

proved that Galen was wrong therefore raising questions about his theories on the cause of disease. Harvey also proved Galen wrong and made new discoveries about the heart and the circulatory system. By proving Galen wrong it could be argued that there was progress in the understanding of the cause of disease. However ~~that~~ while they proved Galen wrong, his theories were still recognised and these discoveries had little impact as they merely led to the understanding of the human body, not the cause of disease. It can be argued that Sydenham led to an understanding of the cause of disease as he promoted clinical ~~of~~ observation. This meant he looked at a patient's symptoms to diagnose them but his work hasn't widely recognised and therefore had little impact. This shows that individuals is quite significant in showing there was little progress in understanding the cause of disease.

The church is <sup>the</sup> ~~a~~ <sup>most</sup> significant factor for proving there was little progress in the understanding of the cause of diseases in the years 1125-1700. The church was very influential during this time period and promoted God as the cause of disease. Before the development of the printing press in 1460, the church controlled all communication so prevented and discouraged the spread of new ideas. This meant there was little progress in understanding the cause of disease. The church's influence can be seen during the Black Death in 1348 and the great plague 1665. In both cases people

looked to religion and asked for forgiveness from God in order to prevent ~~work~~ and treat the disease. This is because it was believed that God was the cause of disease throughout the years 1750-1770 due to the power of the church. This shows that the church is the most significant factor for showing that there was little progress in the understanding of the causes of disease as the church discouraged new ideas and <sup>only</sup> promoted God as the cause of disease.

Government is a significant factor for showing there was little progress in understanding the cause of disease in the years 1750-1770. During this time period the government didn't act and allowed conditions in towns to remain poor. This meant there was little progress in understanding the cause of disease as people didn't make the link between disease and poor sanitation. This lack of government action also allowed the church to remain in control and promote God as the cause of disease showing there was little progress in the understanding of the cause of disease.

In conclusion I agree with the statement as the truth was little progress in understanding the cause of disease in the years 1750-1770. During this period there was a lack of new ideas and the discoveries made by Vesalius and Harvey may have

discredited Galen's theory but a new one wasn't provided. This meant that these discoveries had little impact on the progress of understanding the cause of disease. Also a lack of government action meant that the church remained powerful so God was promoted as the cause of disease throughout this time period. Without the church being challenged, God remained the cause of disease so there was little progress in the understanding of the cause of disease.

### Examiner comments

**This response was awarded Level 4, 16 marks.**

The introduction indicates the line of argument – that progress in understanding the cause of disease was limited but that there was a change in attitude - and this is maintained consistently throughout the answer.

The first main paragraph demonstrates the continuity of belief in the idea of Four Humours as a cause of disease. The next paragraph shows that there was an improvement in understanding of the body, which did lead some people to challenge traditional ideas, but that the Renaissance discoveries did not relate directly to disease and, therefore, had little impact on understanding the cause of disease. The work of Sydenham is discussed as a step towards improved understanding but one which again had limited impact. The answer then goes on to examine the role of the Church and of government as factors inhibiting progress, making reference to the idea that illness was sent by God.

This is an analytical explanation, consistently directed at the focus of the question: change and continuity; therefore it is Level 4 for AO2. It also includes accurate and wide-ranging knowledge, covering the whole period and precisely selected to support the analysis, which is Level 4 for AO1. Several aspects of content are covered and a judgement is made, based on showing whether new knowledge was relevant to understanding the cause of disease.

This is not a perfect answer – for example, it does not consider the idea that disease was caused by miasma – but it has met the Level 4 criteria for each of the three strands of the mark scheme and, therefore, received the full 16 marks.

The spelling, punctuation and grammar are correct and it has also used correct specialist terminology, so it received 4 marks for SPaGST.

**Question 6:** 'The advances in surgery made in the years c1700-c1900 were more significant than advances in surgery made in the period c1900-present.'

How far do you agree? Explain your answer.

You may use the following in your answer.

- antiseptics
- transplants

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

### Mark scheme

Question		
6		<p>'The advances in surgery made in the years c1700-c1900 were more significant than advances in surgery made in the period c1900-present.'</p> <p>How far do you agree? Explain your answer.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>You may use the following in your answer.</p> <ul style="list-style-type: none"> <li>• antiseptics</li> <li>• transplants</li> </ul> <p>You <b>must</b> also use information of your own.</p> </div> <p><b>Target:</b> Analysis and evaluation of second order concepts: significance [AO2]; Knowledge and understanding of features and characteristics [AO1].  <b>AO2:</b> 10 marks  <b>AO1:</b> 6 marks.  <b>Spelling, punctuation, grammar and the use of specialist terminology (SPaG):</b> up to 4 additional marks.</p>
Level	Mark	Descriptor
	0	No rewardable material.
1	1-4	<ul style="list-style-type: none"> <li>• A simple or generalised answer is given, lacking development and organisation. [AO2]</li> <li>• Limited knowledge and understanding of the topic is shown. [AO1]</li> <li>• The overall judgement is missing or asserted. [AO2]</li> </ul>
2	5-8	<ul style="list-style-type: none"> <li>• An explanation is given showing limited analysis and with implicit or unsustained links to the conceptual focus of the question. It shows some development and organisation of material, but a line of reasoning is not sustained. [AO2]</li> <li>• Accurate and relevant information is included, showing some knowledge and understanding of the period. [AO1]</li> <li>• The overall judgement is given but its justification is asserted or insecure. [AO2]</li> </ul> <p><i>Maximum 7 marks for Level 2 answers that do not go beyond aspects prompted by the stimulus points.</i></p>
3	9-12	<ul style="list-style-type: none"> <li>• An explanation is given, showing some analysis, which is mainly directed at the conceptual focus of the question. It shows a line of reasoning that is generally sustained, although some passages may lack coherence and organisation. [AO2]</li> <li>• Accurate and relevant information is included, showing good knowledge and understanding of the required features or characteristics of the period studied. [AO1]</li> <li>• The overall judgement is given with some justification, but some criteria selected for the required judgement are left implicit or not validly applied. [AO2]</li> </ul> <p><i>Maximum 11 marks for Level 3 answers that do not go beyond aspects prompted by the stimulus points.</i></p>
4	13-16	<ul style="list-style-type: none"> <li>• An analytical explanation is given which is directed consistently at the conceptual focus of the question, showing a line of reasoning that is coherent, sustained and logically structured. [AO2]</li> <li>• Accurate and relevant information is precisely selected to address the question directly, showing wide-ranging knowledge and understanding of the required features or characteristics of the period studied. [AO1]</li> <li>• Criteria for the required judgement are justified and applied in the process of reaching the overall judgement. [AO2]</li> </ul> <p><i>No access to Level 4 for answers that do not go beyond aspects prompted by the stimulus points.</i></p>

Marks for SPaG		
Performance	Mark	Descriptor
	0	<ul style="list-style-type: none"> <li>The learner writes nothing.</li> <li>The learner's response does not relate to the question.</li> <li>The learner's achievement in SPaG does not reach the threshold performance level, e.g. errors in spelling, punctuation and grammar severely hinder meaning.</li> </ul>
Threshold	1	<ul style="list-style-type: none"> <li>Learners spell and punctuate with reasonable accuracy.</li> <li>Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall.</li> <li>Learners use a limited range of specialist terms as appropriate.</li> </ul>
Intermediate	2-3	<ul style="list-style-type: none"> <li>Learners spell and punctuate with considerable accuracy.</li> <li>Learners use rules of grammar with general control of meaning overall.</li> <li>Learners use a good range of specialist terms as appropriate.</li> </ul>
High	4	<ul style="list-style-type: none"> <li>Learners spell and punctuate with consistent accuracy.</li> <li>Learners use rules of grammar with effective control of meaning overall.</li> <li>Learners use a wide range of specialist terms as appropriate.</li> </ul>
<p><b>Marking instructions</b></p> <p>Markers must apply the descriptors above in line with the general marking guidance.</p> <p>Performance in AO1 and AO2 is interdependent. An answer displaying <b>no</b> qualities of AO2 cannot be awarded more than the top of Level 1, no matter how strong performance is in AO1; markers should note that the expectation for AO1 is that candidates demonstrate both knowledge <i>and</i> understanding.</p> <p>The first two bullet points [AO1 and AO2] account for 3 of the 4 marks in the level and are equally weighted; the third bullet point [AO2] accounts for the remaining mark. Once the level has been found, there are two steps to follow to determine the mark within the level:</p> <ul style="list-style-type: none"> <li>Markers should consider bullet points 1 and 2 together. Strong performance (for the level) in both would be awarded all 3 marks, while 2 marks may be achieved by stronger performance in either bullet point; weak performance would be awarded 1 mark.</li> <li>The fourth mark in each level is allocated to the bullet point 3 and should be considered independently of the award of the other marks.</li> </ul> <p><b>Indicative content guidance</b></p> <p>Answers must be credited according to candidates' deployment of material in relation to the qualities outlined in the mark scheme. While specific references are made in the indicative content below, this does not imply that these must be included; other relevant material must also be credited. The grouping of points below does not imply that this is how candidates are expected to structure their answers.</p> <p>Relevant points that support the statement may include:</p> <ul style="list-style-type: none"> <li>During the nineteenth century, the development of antiseptics solved the problem of infection; as this was the main reason for deaths during and after operations, this development had major significance.</li> <li>During the nineteenth century, aseptic surgery minimised the risk of infection and its significance is shown by the fact it is still the approach used today.</li> <li>The development of anaesthetics in 1846 was a major advance as patients became more willing to undergo surgery; other developments would have had little impact without this.</li> <li>X-rays were discovered in 1896 and made surgery more precise, which had a significant impact on the success of operations.</li> </ul> <p>Relevant points to counter the statement may include:</p> <ul style="list-style-type: none"> <li>Tissue typing, joint replacement and organ transplants were techniques developed in the twentieth century and have played an important role in extending life and improving the quality of life for many patients.</li> <li>The problems associated with blood transfusions were not solved until the twentieth century, which then had an important role in allowing more complex operations to be performed.</li> <li>Skin grafting techniques and plastic surgery were only developed in the twentieth century and have had a huge impact on modern surgery, helping those with severe injuries to appear 'normal'.</li> <li>Technology developed during the twentieth century has made micro-surgery possible, meaning that recovery time is much faster.</li> </ul>		

## Candidate response to question 6

### Response 1

The introduction of antiseptics meant that surgery became safer and cleaner as bacteria <sup>isn't</sup> able to infect the body, this was first introduced when carbolic acid was used to treat gangrene, the first discovered antiseptic, this was significant as antiseptics are still used in the present<sup>too</sup> and if it wasn't discovered, we may still be having ~~some~~ trouble with certain diseases.

Transplants is where you put someone else's organ into your body, so you can live, like kidney transplants, heart transplant, it was introduced in the 1900s, this is significant as with transplants people are able to live ~~and~~ but before if you had a damaged organ, you could die.

Although dissection could be a significant advance in surgery as it was against the idea of God to dissect bodies, but due to the Renaissance and Andreas Vesalius who encouraged doctors to do their own ~~own~~ research through dissection are we now able to ~~study~~ understand the body, with this we can look into more understanding and problems with the body.

The most significant advance in surgery is the ~~the~~ introduction of antiseptics, with this patients are able to survive as they don't get infected, it covers a wider range of problems than transplants as that only solves one thing, antiseptics helps with more and dissection allows us to understand the body but antiseptic ~~the~~ actually helps treat the body.

### Examiner comments

**This response was awarded Level 2, 7 marks.**

There is a general explanation of the significance of antiseptics, supported by a brief but accurate reference to Lister and carbolic acid.

The second paragraph explains the significance of transplants in a general way but can offer few specific details.

In both of these, there is some knowledge and understanding of the significance of these advances in surgery, meriting a mark for AO2 in Level 2. There is specific detail when discussing antiseptics, making the mark Level 2 for AO1. There is also an attempt to make and explain a judgement, although with limited support – again, this is Level 2.

However, the third paragraph, about dissection, is based on the Renaissance and is not relevant here. This means that the answer has only covered two aspects of content and therefore cannot go beyond a mark of 7 in Level 2.

Spelling and grammar were good, punctuation was reasonably accurate and some specialist terms were used – a mark of 3 was awarded.

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