



GCSE MARKING SCHEME

AUTUMN 2020

HISTORY

COMPONENT 2: THEMATIC STUDY

**2F. Changes in Health and Medicine in Britain, c.500
to the present day**

C100U60-1

INTRODUCTION

This marking scheme was used by WJEC for the 2020 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

MARK SCHEME AUTUMN 2020

Component 2: THEMATIC STUDY

2F. Changes in Health and Medicine in Britain, c.500 to the present day

Instructions for examiners of GCSE History when applying the mark scheme

Positive marking

It should be remembered that learners are writing under examination conditions and credit should be given for what the learner writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

GCSE History mark schemes are presented in a common format as shown below:

This section indicates the assessment objective(s) targeted in the question

Mark allocation:	AO1(a)	AO2	AO3 (a)	AO4
5	5			

Question: e.g. **Describe attempts to improve public health in the 19th century.**

[5]

This is the question and its mark tariff.

Band descriptors and mark allocations

	AO1(a) 5 marks	
BAND 3	Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.	4-5
BAND 2	Demonstrates knowledge to partially describe the issue.	2-3
BAND 1	Demonstrates limited knowledge to describe the issue.	1

This section contains the band descriptors which explain the principles that must be applied when marking each question. The examiner must apply this when applying the marking scheme to the response. The descriptor for the band provides a description of the performance level for that band. The band descriptor is aligned with the Assessment Objective(s) targeted in the question.

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *at the beginning of the 19th century local authorities and central government adopted a “laissez faire” attitude to public health but, as a result of urbanisation, disease was prevalent and outbreaks of cholera forced the government to take action;*
- *in 1839 Edwin Chadwick, a leading member of the “Clean Party”, headed a Royal Commission to investigate poor living conditions and the link to illness and disease. He recommended that parliament should pass legislation to make local authorities responsible for improving drainage and sanitation, the cost of which would be borne by local rates;*
- *in 1848 a Public Health Board was established with powers to set up local boards of health in problem areas but, lacking powers of enforcement, it was closed down in 1854;*
- *improvements were made in the second half of the century with the building of a new sewage system in London and government legislation forced local authorities to build sewers and gave councils powers to take over and clean slum areas.*

Banded mark schemes

Banded mark schemes are divided so that each band has a relevant descriptor. The descriptor for the band provides a description of the performance level for that band. Each band contains marks. Examiners should first read and annotate a learner's answer to pick out the evidence that is being assessed in that question. Once the annotation is complete, the mark scheme can be applied. This is done as a two stage process.

Banded mark schemes Stage 1 – Deciding on the band

When deciding on a band, the answer should be viewed holistically. Beginning at the lowest band, examiners should look at the learner's answer and check whether it matches the descriptor for that band. Examiners should look at the descriptor for that band and see if it matches the qualities shown in the learner's answer. If the descriptor at the lowest band is satisfied, examiners should move up to the next band and repeat this process for each band until the descriptor matches the answer.

If an answer covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the learner's response should be used to decide on the mark within the band. For instance if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content. Examiners should not seek to mark learners down as a result of small omissions in minor areas of an answer.

Banded mark schemes Stage 2 – Deciding on the mark

Once the band has been decided, examiners can then assign a mark. During standardising (marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a learner's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

Indicative content is also provided for banded mark schemes. Indicative content is not exhaustive, and any other valid points must be credited. In order to reach the highest bands of the mark scheme a learner need not cover all of the points mentioned in the indicative content but must meet the requirements of the highest mark band.

Where a response is not creditworthy, that is contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

MARK SCHEME

Component 2: THEMATIC STUDY

2F. Changes in Health and Medicine in Britain, c.500 to the present day

Question 1

Mark allocation:	AO1	AO2	AO3(a)	AO4
4		2	2	

Question: **Use Sources A, B and C to identify one similarity and one difference in patient care over time.** [4]

Band descriptors and mark allocations

	AO2 2 marks		AO3(a) 2 marks	
BAND 2	Identifies clearly one similarity and one difference.	2	Uses the sources to identify both similarity and difference.	2
BAND 1	Identifies either one similarity or one difference.	1	Uses the sources to identify either similarity or difference	1

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below.

Some of the issues to consider are:

*Similarities – A and C show patients being nursed
A and C are well staffed
A and C are airy
A shows a religious setting, B implies it*

*Differences – B does not show patients being nursed whereas A and C show nurses treating patients
B shows cramped conditions whereas A and C are spacious rooms
C shows a children's ward whereas A and B show adults being treated.*

Question 2

Mark allocation:	AO1 (b)	AO2	AO3 (a+b)	AO4
6	2		4	

Question: **Which of the two sources is the more reliable to an historian studying the causes of illness and disease over time?** **[6]**

Band descriptors and mark allocations

	AO1(b) 2 marks		AO3 (a+b) 4 marks	
			Fully analyses and evaluates the reliability of both sources. There will be analysis of the content and authorship of both sources, producing a clear, well substantiated judgement set within the appropriate historical context.	3-4
BAND 2	Demonstrates detailed understanding of the key feature in the question.	2	Partial attempt to analyse and evaluate the reliability of both sources. There will be some consideration of the content and authorship of both sources with an attempt to reach a judgement set within the appropriate historical context.	2
BAND 1	Demonstrates some understanding of the key feature in the question.	1	Generalised answer which largely paraphrases the sources with little attempt at analysis and evaluation.	1

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- Source D is reliable to a degree as it comes from a contemporary chronicle and reflects the commonly held belief of the time that disease was caused by mankind's sin and so was punished by God as an act of revenge which had no scientific base;
- to assess the reliability of the authorship there should be reference to the writer as a monk who would have had to deal with affected families at first hand and, as a man of faith, he would subscribe to the view that illness and disease were man-made and rightly punished by God. As it comes from his chronicle it would offer his personal reflections on the Black Death;
- Source E is reliable to a degree as it is a poster which applies scientific knowledge to the prevention of disease based on the findings of Dr John Snow who concluded a decade earlier that cholera was a bacterial infection and was waterborne;
- to assess the reliability of the authorship there should be reference to the fact that the poster does not have any bias as it was produced by the Health Board in an attempt to prevent the spread of cholera. The Board would not have a personal agenda as the poster was intended to inform rather than influence.

Question 3

Mark allocation:	AO1 (a)	AO2	AO3	AO4
5	5			

Question: **Describe attempts to improve public health in the 19th century.** **[5]**

Band descriptors and mark allocations

	AO1(a) 5 marks	
BAND 3	Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.	4-5
BAND 2	Demonstrates knowledge to partially describe the issue.	2-3
BAND 1	Demonstrates limited knowledge to describe the issue.	1

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *at the beginning of the 19th century local authorities and central government adopted a “laissez faire” attitude to public health but, as a result of urbanisation, disease was prevalent and outbreaks of cholera forced the government to take action;*
- *in 1839 Edwin Chadwick, a leading member of the “Clean Party”, headed a Royal Commission to investigate poor living conditions and the link to illness and disease. He recommended that parliament should pass legislation to make local authorities responsible for improving drainage and sanitation, the cost of which would be borne by local rates;*
- *in 1848 a Public Health Board was established with powers to set up local boards of health in problem areas but, lacking powers of enforcement, it was closed down in 1854;*
- *improvements were made in the second half of the century with the building of a new sewage system in London and government legislation forced local authorities to build sewers and gave councils powers to take over and clean slum areas.*

Question 4

Mark allocation:	AO1 (a+b)	AO2	AO3	AO4
9	2	7		

Question: **Explain why attempts to treat and cure illness and disease in the medieval period were mostly ineffective.**
[9]

Band descriptors and mark allocations

	AO1 (a+b) 2 marks		AO2 7 marks	
			BAND 3	Fully explains the issue with clear focus set within the appropriate historical context. 5-7
BAND 2	Demonstrates detailed knowledge and understanding of the key features in the question.	2	BAND 2	Partially explains the issue within the appropriate historical context. 3-4
BAND 1	Demonstrates some knowledge and understanding of the key features in the question.	1	BAND 1	Mostly descriptive response with limited explanation of the issue. 1-2

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- people in medieval times did not understand the causes of illness and disease which made it difficult to develop effective treatments and cures;
- people accepted disease and poor health as part of everyday life and medicines and treatment and cures were basic and largely ineffective;
- villages and towns were filthy, knowledge of hygiene non-existent and disease could become rampant as happened with the Black Death;
- the work of physicians was based on poor knowledge of human anatomy and illness caused by bad smells would be cured by making the smell go away and illness caused by bad luck would need prayer and superstition;
- barber surgeons would carry out bloodletting and minor surgery and produce herbal remedies with varying degrees of effectiveness;
- belief that the four humours would treat the imbalance by bleeding, sweating and vomiting and the examination of urine was used in diagnosing treatment and cure;
- zodiac charts were used to dictate cures and remedies;
- unlicensed traders or "quacks" travelled the country dispensing spurious cures;
- while most of the treatments were ineffective the use of herbal medicines containing natural ingredients sometimes helped recovery and the use of leeches helped in anaesthetising wounds.

Question 5

<i>Mark allocation:</i>	<i>AO1 (a+b)</i>	<i>AO2</i>	<i>AO3</i>	<i>AO4</i>	<i>SPaG</i>
20	6	10			4

Question: **Outline how attempts to prevent illness and disease have changed from c.500 to the present day. [16+4]**

Band descriptors and mark allocations

	AO1(a+b) 6 marks		AO2 10 marks	
BAND 4	Demonstrates very detailed knowledge and understanding of the key issue in the question.	5-6	Provides a fully detailed, logically structured and well organised narrative account. Demonstrates a secure chronological grasp and clear awareness of the process of change.	8-10
BAND 3	Demonstrates detailed knowledge and understanding of the key issue in the question.	3-4	Provides a detailed and structured narrative account. Demonstrates chronological grasp and awareness of the process of change.	5-7
BAND 2	Demonstrates some knowledge and understanding of the key issue in the question.	2	Provides a partial narrative account. Demonstrates some chronological grasp and some awareness of the process of change.	3-4
BAND 1	Generalised answer displaying basic knowledge and understanding of the key issue in the question.	1	Provides a basic narrative account. Demonstrates limited chronological grasp and limited awareness of the process of change.	1-2

Use 0 for incorrect or irrelevant answers.

Indicative content

The process of change and continuity in the prevention of illness and disease will be explored through the creation of a balanced narrative covering the three historical eras in this theme.

The content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *in the medieval era the lack of medical knowledge and understanding made it difficult to prevent disease; the belief in the Four Humours and the need for bodily balance to prevent disease; prevention of disease or prevention of the spread of it led to the use of quarantine of travellers and the isolation of infected people during the Black Death; the belief that miasma caused illness and disease led to the use of pomanders and potions; the thought that illness was God given led to people praying for avoidance, bleeding, purging and flagellation; the use of alchemy; the more practical efforts to prevent disease by Edward III's proclamation that the streets and rivers of London be cleaned of filth;*

- *in the early modern era the use of alchemy continued with the search for the “Elixir of Life” to prevent aging and death; the use of herbal potions made by apothecaries; the use of astronomy and magic to prevent illness; the belief in soothsayers and the powers of prophesy as set out in the publication of Mother Shipton’s prophesies in 1641; the drinking and bathing in mineral pools to prevent illness by keeping fit and healthy; Renaissance thinking led to the study of anatomy and advances by Vesalius, Paré and Harvey deepened the understanding of the causes of illnesses and attempts at prevention; the experience of Eyam during the Great Plague and the use of quarantine, sterilisation, limiting human contact and the quick burial of plague victims;*
- *in the modern era there was the increased application of science through detailed observation and experimentation helped especially by the development of the microscope; the continued use of mineral water treatments together with advancements in cleanliness and sterilisation; the discovery and development of vaccination and inoculation; the discovery of antibodies, advancements in the field of bacteriology and knowledge of the germ theory; the discovery of the link between cholera and water borne bacteria; the continuance of inoculation in the 20th century and the use of scanning techniques to prevent illness and disease.*

After awarding a band and a mark for the response, apply the performance descriptors for spelling, punctuation and the accurate use of grammar (SPaG) and specialist terms that follow.

In applying these performance descriptors:

- learners may only receive SPaG marks for responses that are in the context of the demands of the question; that is, where learners have made a genuine attempt to answer the question
- the allocation of SPaG marks should take into account the level of the qualification.

Band	Marks	Performance descriptions
<i>High</i>	4	<ul style="list-style-type: none"> • Learners spell and punctuate with consistent accuracy • Learners use rules of grammar with effective control of meaning overall • Learners use a wide range of specialist terms as appropriate
<i>Intermediate</i>	2-3	<ul style="list-style-type: none"> • Learners spell and punctuate with considerable accuracy • Learners use rules of grammar with general control of meaning overall • Learners use a good range of specialist terms as appropriate
<i>Threshold</i>	1	<ul style="list-style-type: none"> • Learners spell and punctuate with reasonable accuracy • Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall • Learners use a limited range of specialist terms as appropriate
	0	<ul style="list-style-type: none"> • The learner writes nothing • The learner’s response does not relate to the question • The learner’s achievement in SPaG does not reach the threshold performance level, for example errors in spelling, punctuation and grammar severely hinder meaning

Question 6 (a)

Mark allocation:	AO1 (a)	AO2	AO3	AO4
8	8			

Question: **(a) Describe two types of injury or disease associated with fighting on the Western Front during the First World War. [8]**

Band descriptors and mark allocations

	AO1(a) 8 marks	
BAND 3	Offers detailed knowledge to fully describe two main aspects of the historic site set within its appropriate historical context.	6-8
BAND 2	Offers some knowledge to describe two main aspects of the historic site set within its historical context.	3-5
BAND 1	Offers a generalised description with limited knowledge of two main aspects of the historic site.	1-2

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Any two of the following features could be described:

- *bullet wounds from rifles and machine guns could shatter bones and pierce internal organs or cause gangrene; over 60,000 British troops suffered bullet wounds to the head or eyes and 41,000 had limbs amputated; wounds were also inflicted by bayonets and trench daggers when fighting at close quarters; wounds from artillery shells were the biggest cause of casualties when, on explosion, metal fragments or shrapnel could tear off limbs and shatter bones;*
- *chlorine gas caused immediate choking as it stripped away the linings of the lungs causing death from drowning as the lungs filled up with water; phosgene gas was far deadlier than chlorine gas and victims died within 2 days as their lungs filled up with yellow liquid; mustard gas attacked the skin causing burning, swelling of the eyes, blindness and choking;*
- *infection of a wound was a major reason for death, the most infectious being gas gangrene which was carried by bacteria in the soil and little could be done without antibiotics; pyrexia or trench fever was spread by body lice which caused 'flu like symptoms and pains in the bones and joints; trench foot was a fungal infection caused by constant immersion in water in the trenches sometimes resulting in gangrene and amputation; frostbite damaged the skin and cut off circulation causing fingers, toes and feet to be amputated.*

Question 6 (b)

Mark allocation:	AO1	AO2	AO3	AO4
12		12		

Question: **(b) Explain why the treatment of injuries on the Western Front was significant in advancing medical knowledge during the First World War. [12]**

Band descriptors and mark allocations

	AO2 12 marks	
BAND 4	Offers a sophisticated and reasoned explanation and analysis of the historic site and its relationship with historic events and developments. The answer fully addresses the position of the historic site in discussing why the treatment of injuries on the Western Front was significant in illustrating advances in medical knowledge during the First World War set within the appropriate historical context.	10-12
BAND 3	Offers a reasoned explanation and analysis of the historic site in discussing why the treatment of injuries on the Western Front was significant in illustrating advances in medical knowledge during the First World War set within the appropriate historical context.	7-9
BAND 2	Offers some explanation and analysis of the historic site in discussing why the treatment of wounds and injuries on the Western Front was significant in illustrating advances in medical knowledge during the First World War set within the appropriate historical context.	4-6
BAND 1	Offers a generalised explanation and analysis of the historic site with limited reference to why the treatment of wounds and injuries on the Western Front was significant in illustrating advances in medical knowledge during the First World War	1-3

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *the new types of weaponry caused injury on a huge scale and required changes in the way that troops were treated;*
- *during the First World War all medical personnel belonged to the Royal Army Medical Corps and nurses who treated wounded soldiers were fully trained;*
- *at the start of the war 32 out of every 1000 deaths were due to typhus or tetanus infections but after vaccination began in 1915 the rate dropped to 2 in every 1000;*
- *there were considerable advances in the development of prosthetics and moveable joints;*
- *the high number of face injuries led to advances in plastic surgery using bone transplants and skin grafts;*
- *head and brain injuries led to developments in brain surgery to extract bullets and shrapnel;*

- *the invention of the “Thomas Splint” meant that fractures could be stabilised and stopped bones grinding together and reduced blood loss, infection and amputation. The splint caused the death rate from fractures to drop from 80 to 20 %;*
- *aseptic surgery was standard in all British hospitals and surgeons used carbolic acid and hydrogen peroxide to kill bacteria;*
- *blood transfusions were used especially at Casualty Clearing Stations and portable refrigeration machines enabled blood to be stored;*
- *portable X-ray machines saved lives by allowing for the speedy location of bullets and shrapnel and X-rays became standard in hospitals.*