GCSE MARKING SCHEME

SUMMER 2022

HISTORY
COMPONENT 2: THEMATIC STUDY
2F. Changes in Health and Medicine in Britain, c.500 to the present day
C100U60-1

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INTRODUCTION

This marking scheme was used by WJEC for the 2022 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.

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GCSE HISTORY – COMPONENT 2: THEMATIC STUDY

2F. CHANGES IN HEALTH AND MEDICINE IN BRITAIN, C.500 TO THE PRESENT DAY

SUMMER 2022 MARK SCHEME

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:

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

Question: e.g. **Describe the causes of illness and disease in the medieval era.** **[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 a weak, generalised description of 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:

- *poverty where poor diet, malnutrition and inadequate housing combined to weaken people and make them more susceptible to illness and disease;*
- *how towns became breeding grounds for germs leading to infection and plague;*
- *poor harvests and the actions of marauding soldiers led to food shortages and famine which weakened people;*
- *a lack of fresh water supplies and poor sanitation caused the spread of illness and disease;*
- *as armies grew in size the number of injuries in battle increased and wounds were poorly treated leading to disease and death.*

Credit reference to beliefs about the causes of illness such as a basic lack of medical knowledge, divine intervention, the supernatural and the imbalance of the four humours.

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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.

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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 attempts to prevent illness and disease 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 people consuming forms of nutrients (urine and oranges) to prevent illness and disease*
A and C show attempts to strengthen the body`s defences against illness and disease
A and C show gatherings of people seeking the same preventative measures

Differences – *A shows a religious remedy with a monk giving a blessing whereas B shows a scientific approach*
B shows an awareness of the need to destroy bacteria on surfaces whereas A and C show attempts to build up resistance to illness and disease
B shows a chemical agent whereas A and C show natural preventatives
B shows a professional whereas A and C show unqualified people administering the preventative.

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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 attempts to treat and cure illness and disease over time? [6]**

Band descriptors and mark allocations

	AO1(b) 2 marks		**AO3 (a+b) 4 marks**	
BAND 3			**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 is from a work by Shakespeare, the leading playwright of the time. He would have shared the commonly held belief of the Four Humours and the need for balance to maintain healthy living and, for example, that black bile was considered `cold` creating illness such as melancholia. It was also believed that the seasons, air, diet and exercise could affect the humours;*
- *to assess the reliability of the authorship there should be reference to Shakespeare's writing as evidence of the knowledge about medicine at the time. It was thought that the humours defined the physical and mental health of the people and determined their personalities which Shakespeare would embellish for comedic effect. As a playwright he would fictionalise characters and use vivid and descriptive language to create depth and interest in his works;*

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- *Source E is reliable to a degree as it is from an article in "The British Medical Journal" which produced specialist articles on medical issues. The edition of March, 1955 celebrates Fleming`s pioneering work in the field of antibiotics (he and later Florey and Chain) received wide acclaim and recognition by the award of the Nobel Prize for Medicine in 1945. The article recognises the discovery of penicillin as a turning point in the history of medical knowledge;*
- *to assess the reliability of the authorship there should be reference to the article being published in a specialist medical journal which would have been written by specialists for specialists and the contributor would have based the findings on extensive research in the field of antibiotics.*

There should be reference to the time and circumstances under which the sources were produced.

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Question 3

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

Question**:** **Describe the causes of illness and disease in the medieval era.** **[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:

- *poverty where poor diet, malnutrition and inadequate housing combined to weaken people and make them more susceptible to illness and disease;*
- *how towns became breeding grounds for germs leading to infection and plague;*
- *poor harvests and the actions of marauding soldiers led to food shortages and famine which weakened people;*
- *a lack of fresh water supplies and poor sanitation caused the spread of illness and disease;*
- *as armies grew in size the number of injuries in battle increased and wounds were poorly treated leading to disease and death.*

Credit reference to beliefs about the causes of illness such as a basic lack of medical knowledge, divine intervention, the supernatural and the imbalance of the four humours.

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Question 4

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

Question: **Explain why public health and hygiene improved in the 19th century. [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:

- *at the beginning of the 19th century local authorities and central government adopted a "laissez faire" attitude to public health;*
- *as a result of urbanisation, disease was prevalent and outbreaks of cholera forced the government to take action and investigate the causes of illness;*
- *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 believed in the "miasma theory" but recognised the link between living conditions and poor health;*
- *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;*
- *local authorities displayed informative posters and leaflets aimed at educating people about the need to improve public health;*
- *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.*

Credit reference to attempts to treat and cure and prevent illness/disease along with advances in medical knowledge in the second half of the 19th century.

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Question 5

Mark allocation:	*AO1 (a+b)*	*AO2*	*AO3*	*AO4*	*SPaG*
16	**6**	**10**			

Question: **Outline how medical knowledge advanced from c.500 to the present day. [16]**

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 medical knowledge will be explored through the creation of a balanced narrative covering the three historical eras in this theme.

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:

- *in the medieval era medical knowledge was limited and based on the idea of the four humours and the need for balance; the influence of alchemy and the search for the `Elixir of life` and other links to science and medical knowledge and surgery; the use of zodiac charts; the belief in the powers of soothsayers; the establishment by the church of university schools of medicine and the beginning of scientific method and observation;*

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- *in the early modern era medical knowledge improved as a result of Renaissance thinking and the use of the printing press; the contribution of "Ladies of the Manor"; advances in the 16th and 17th centuries with the contribution of Vesalius to anatomy, Pare and the treatment of wounds and Harvey and the circulation of blood which changed the way in which illnesses were understood;*
- *in the modern era progress was made as a result of increased knowledge of inoculation vaccination, anaesthetics and antiseptics and the contribution of Simpson and Lister; the discovery of the microscope, stethoscope and the kymograph; identification of the link of poor health and cholera; the work of Pasteur and Koch and improved knowledge of germ theory; the work of Fleming, Florey and Chain and the discovery of antibiotics which altered the way that people thought of disease; Curie and the discovery of radiation; the advancements in transplant surgery; advances in cancer treatment and surgery; the development of scanning techniques which revolutionised the identification of illness and disease; the discovery of DNA and advances in genetic research which furthered understanding.*

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Question 6 (a)

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

Question: **Describe two examples of poor conditions experienced by patients in Scutari Hospital during the Crimean 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 factors could be described:

- *poor patient care - patients were laid on beds with linen that had not been changed in weeks, and men went unwashed, adding to the spread of infection; they were swarming with lice and clothes were grimed with dirt and blood; the proper care of patients was compounded by very poor standards of nursing and overworked medical staff in the face of official indifference; nurses were unskilled and coarse; nurses had little grasp of the need for cleanliness and went from procedure to procedure quickly without washing their hands or cleaning their work area; unsterilised tools were used on patients; there was a shortage of army doctors and surgeons; the majority of soldiers died not of war wounds but of fever, cholera, diarrhoea, dysentery and scurvy;*
- *poor sanitation and the lack of hygiene- the hospital was built on a sewer which, when flooded, meant that men had to walk barefoot through layers of faeces, wooden floors were rotten and could not be cleaned properly and rodents ran amok; miasma or the 'filth theory of disease' was still commonly accepted and there was no appreciation of controlling hospital infection and little understanding of hospital epidemiology and the relationship between disease and filth; the majority of soldiers in the Crimean War died not of war wounds but of fever, cholera, diarrhoea, dysentery and scurvy, all of which were preventable conditions; after surgery, the main cause of death was sepsis or hospital gangrene which resulted from the use of unsterile equipment;*
- *overcrowding- the vessels used to transport casualties to Scutari Hospital were built to accommodate 250 patients but were forced to take as many as 1,500 on board; on arrival at Scutari the overcrowding was no better where upwards of 6,000 patients were crammed in along about 4.5 miles of beds spaced just a foot apart; the 3,200-bed facility was operating at over-capacity and patients were being treated on mattresses laid on the floors of corridors; overcrowding on the wards caused the spread of typhus, dysentery, and respiratory infections;*

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- *lack of medical supplies - maintaining a regular supply of medical supplies was problematic; the two designated hospital ships at Varna were taken over as troop transporters and by early 1855, four transport ships were operational; in order to make way for more casualties, the captain of one vessel offloaded the medical supplies stacked on board which were not located until four months later, by which time most were unusable; the need for, and use of anaesthetics had limited impact because of insufficient supplies, which meant that many procedures were carried out by restraining patients; the lack of medical supplies of British casualties was in sharp contrast to the situation for French troops.*

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Question 6 (b)

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12		**12**		

Question: **Explain why the experience of Scutari Hospital during the Crimean War is significant in showing how hospitals improved over time. [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 experience of Scutari Hospital during the Crimean War is significant in showing how hospitals improved over time set within the appropriate historical context.**	**10-12**
BAND 3	**Offers a reasoned explanation and analysis of the historic site in discussing why the experience of Scutari Hospital during the Crimean War is significant in showing how hospitals improved over time set within the appropriate historical context.**	**7-9**
BAND 2	**Offers some explanation and analysis of the historic site in discussing why the experience of Scutari Hospital during the Crimean War is significant in showing how hospitals improved over time 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 experience of Scutari Hospital during the Crimean War is significant in showing how hospitals improved over time.**	**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 Crimean War is considered to be the first modern mass media war in history and coverage of the war in British newspapers stirred the nation`s conscience;*
- *it was also the first war in which the army medical corps was categorically accused of dereliction as news of the atrocious conditions filtered home and prompted the government to take action;*
- *with the support of Queen Victoria, the government set up a Royal Commission to investigate the health of the army;*
- *it was revealed that unsanitary conditions led directly to endemic diseases and were the main causes of death and as a result the army adopted the method of classifying disease leading to the creation of a department of Army Medical Statistics;*

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- *as a result of public and political pressure and, on the basis of her skills and experience, Florence Nightingale was invited to lead a team of nurses to the Crimea which was to prove a turning point in the drive to improve conditions;*
- *the changes that she implemented at Scutari and the experience that she gained would influence her later career and contribute to the improvement of patient care;*
- *her use and application of statistics and record keeping drove her to push for medical reform and her ground-breaking work and influence impacted on the field of modern nursing in the areas of infection control, hospital epidemiology and hospice care;*
- *she was a member of the antiseptic movement and was a great enthusiast for asepsis in the push for cleaner hospitals;*
- *her belief that healthcare should be available to everyone and her stance on equal treatment for the poor pre-empted the establishment of the NHS;*
- *her writings were important in changing the public image of nursing while transforming it into a profession;*
- *her efforts to formalise nursing education led to the establishment of the first scientifically based nursing school at St. Thomas' Hospital in London;*
- *her "environmental theory" and "pavilion principle" as central to hospital design and building;*
- *how her efforts changed attitudes towards healthcare in the post-Crimean era and provide valuable insight into the continuing debate concerning the links between governments, media, public and healthcare systems.*

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