Paper 1: Thematic study and historic environment (1HI0/11)

Option 11: Medicine in Britain, c1250–present

and

The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

Question	
1	Describe **two** features of blood transfusions on the Western Front during the First World War. **Target**: knowledge of key features and characteristics of the period. **AO1**: 4 marks.

Marking instructions

Award 1 mark for each valid feature identified up to a maximum of two features. The second mark should be awarded for supporting information.

e.g.

- Initially transfusions on the Western Front were carried out using a syringe and tube, with the donor present **(1)**. This stopped the patient going into shock from blood loss **(1)**.
- Ways to store blood were discovered by Lewisohn, Weil, Rous and Turner **(1)**. Greater amounts of blood could be available for operations in field hospitals **(1)**.
- A blood depot was set up before the Battle of Cambrai **(1)**. The army developed ways of dealing with large numbers of casualties on the Western Front **(1)**.

Accept other appropriate features and supporting information.

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. **Target**: Analysis and evaluation of source utility. **AO3**: 8 marks.
Level	**Mark**	**Descriptor**
	0	No rewardable material.
1	**1–2**	• A simple judgement on utility is given, and supported by undeveloped comment on the content of the sources and/or their provenance[1]. 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.
2	**3–5**	• 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[1]. 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.
3	**6–8**	• Judgements on source utility for the specified enquiry are given, applying valid criteria with developed reasoning which takes into account how the provenance[1] 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.

Notes

1. Provenance = nature, origin, purpose.

Marking instructions

Markers must apply the descriptors above in line with the general marking guidance.

No credit may be given for contextual knowledge unless it is linked to evaluation of the sources.

No credit may be given for generic comments on provenance which are not used to evaluate source content.

Indicative content guidance

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.

Source A

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

- 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.
- 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.

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:

- 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.
- 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.

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

- 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.

Question	
2 (b)	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. **Target**: Source analysis and use (the ability to frame historical questions). **AO3**: 4 marks.

Marking instructions

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.

e.g.

- *Detail in Source A that I would follow up:* The photograph shows nurses and a medical orderly bandaging soldiers' minor injuries ***(1).***
- *Question I would ask:* How were major injuries treated that needed surgery? **(1).**

(No mark for a question that is **not** linked to following up Source A, e.g. '*because it would be an interesting question to ask*'.)

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.

e.g.

- *What type of source I would look for:* RAMC medical records **(1).**
- *How this might help answer my question:* The records would show each patient's injury and treatment, giving details of surgery **(1).**

Accept other appropriate alternatives.

Medicine in Britain, c1250–present

Question		
3		Explain **one** way in which care in hospitals in the years c1250-c1500 was different from care in hospitals in the years c1700-c1900. **Target**: Analysis of second order concepts: difference [AO2]; Knowledge and understanding of features and characteristics of the period [AO1]. **AO2:** 2 marks. **AO1:** 2 marks.
Level	**Mark**	**Descriptor**
	0	No rewardable material.
1	**1–2**	• Simple or generalised comment is offered about a difference. [AO2] • Generalised information about the topic is included, showing limited knowledge and understanding of the periods. [AO1]
2	**3–4**	• Features of the period are analysed to explain a difference. [AO2] • Specific information about the topic is added to support the comparison, showing good knowledge and understanding of the periods. [AO1]

Marking instructions

Markers must apply the descriptors above in line with the general marking guidance.

Performance in AO1 and AO2 is interdependent. An answer displaying **no** 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 *and* understanding.

Indicative content guidance

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.

Relevant points may include:

- In the years c1250-c1500 care in hospitals was carried out by untrained monks and nuns whereas in the years c1700-c1900, care in hospitals was carried out by trained doctors, supported by nurses who began to be trained according to Florence Nightingale's methods.
- In the years c1250-c1500 hospitals simply offered care and treatment for minor illnesses based on treatments such as herbal remedies; in the years c1700-c1900 hospitals attempted to treat a wider range of illnesses and included surgical operations.

Question		
4		Explain why there was progress in the prevention of illness in the years c1700-–present. You may use the following in your answer: • Public Health Act 1875 • healthy lifestyle campaigns You **must** also use information of your own. **Target**: Analysis of second order concepts: causation/change [AO2]; Knowledge and understanding of features and characteristics [AO1]. **AO2**: 6 marks. **AO1**: 6 marks.
Level	**Mark**	**Descriptor**
	0	No rewardable material.
1	**1–3**	• A simple or generalised answer is given, lacking development and organisation. [AO2] • Limited knowledge and understanding of the topic is shown. [AO1]
2	**4–6**	• 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] • Accurate and relevant information is included, showing some knowledge and understanding of the period. [AO1] *Maximum 5 marks for Level 2 answers that do not go beyond aspects prompted by the stimulus points.*
3	**7–9**	• 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] • Accurate and relevant information is included, showing good knowledge and understanding of the required features or characteristics of the period studied. [AO1] *Maximum 8 marks for Level 3 answers that do not go beyond aspects prompted by the stimulus points.*
4	**10–12**	• 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] • 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] *No access to Level 4 for answers which do not go beyond aspects prompted by the stimulus points.*

Marking instructions

Markers must apply the descriptors above in line with the general marking guidance.

Performance in AO1 and AO2 is interdependent. An answer displaying **no** 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 *and* understanding.

The middle mark in each level may be achieved by stronger performance in either AO1 or AO2.

Indicative content guidance

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.

Relevant points may include:

- Following the success of Jenner's work, the government passed laws making vaccination against smallpox compulsory in 1852 and enforcing this in 1872.
- After John Snow's work and Pasteur's germ theory, the 1875 Public Health Act made it compulsory for local councils to provide clean water and remove sewage, reducing the spread of water-borne diseases such as cholera.
- The government began to take more responsibility for public health and provided isolation hospitals during the 1920s to help prevent the spread of tuberculosis.
- As more vaccinations became available, the government funded campaigns to vaccinate children, which helped to prevent diseases such as diphtheria, measles, mumps, etc.
- Campaigns such as '5 a day' encouraged people to develop a healthy lifestyle and make people more resistant to disease.
- Governments have taxed tobacco heavily to try to reduce cases of lung cancer.

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. **Target**: Analysis and evaluation of second order concepts: change and continuity [AO2]; Knowledge and understanding of features and characteristics [AO1]. **AO2**: 10 marks. **AO1**: 6 marks. **Spelling, punctuation, grammar and the use of specialist terminology (SPaG)**: up to 4 additional marks.
Level	**Mark**	**Descriptor**
	0	No rewardable material.
1	**1–4**	• A simple or generalised answer is given, lacking development and organisation. [AO2] • Limited knowledge and understanding of the topic is shown. [AO1] • The overall judgement is missing or asserted. [AO2]
2	**5–8**	• 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] • Accurate and relevant information is included, showing some knowledge and understanding of the period. [AO1] • The overall judgement is given but its justification is asserted or insecure. [AO2] *Maximum 7 marks for Level 2 answers that do not go beyond aspects prompted by the stimulus points.*
3	**9–12**	• 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] • Accurate and relevant information is included, showing good knowledge and understanding of the required features or characteristics of the period studied. [AO1] • The overall judgement is given with some justification, but some criteria selected for the required judgement are left implicit or not validly applied. [AO2] *Maximum 11 marks for Level 3 answers that do not go beyond aspects prompted by the stimulus points.*
4	**13–16**	• 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] • 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] • Criteria for the required judgement are justified and applied in the process of reaching the overall judgement. [AO2] *No access to Level 4 for answers that do not go beyond aspects prompted by the stimulus points.*

Marks for SPaG		
Performance	**Mark**	**Descriptor**
	0	• 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, e.g. errors in spelling, punctuation and grammar severely hinder meaning.
Threshold	**1**	• 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.
Intermediate	**2–3**	• 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.
High	**4**	• 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.

Marking instructions

Markers must apply the descriptors above in line with the general marking guidance.

Performance in AO1 and AO2 is interdependent. An answer displaying **no** 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 *and* understanding.

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:

- 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.
- 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.

Indicative content guidance

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.

Relevant points that support the statement may include:

- 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.
- 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.
- 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.
- Renaissance discoveries about anatomy and physiology had little relevance to ideas about the cause of disease.

Relevant points to counter the statement may include:

- 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.
- The fact that the Bills of Mortality differentiated between different diseases suggests an improved understanding of the cause of disease.
- 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.
- The decline of the Church's authority meant new scientific ideas could be explored and medical training could develop.

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. **Target**: Analysis and evaluation of second order concepts: significance [AO2]; Knowledge and understanding of features and characteristics [AO1]. **AO2**: 10 marks **AO1**: 6 marks. **Spelling, punctuation, grammar and the use of specialist terminology (SPaG)**: up to 4 additional marks.
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3	**9–12**	• 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] • Accurate and relevant information is included, showing good knowledge and understanding of the required features or characteristics of the period studied. [AO1] • The overall judgement is given with some justification, but some criteria selected for the required judgement are left implicit or not validly applied. [AO2] *Maximum 11 marks for Level 3 answers that do not go beyond aspects prompted by the stimulus points.*
4	**13–16**	• 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] • 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] • Criteria for the required judgement are justified and applied in the process of reaching the overall judgement. [AO2] *No access to Level 4 for answers that do not go beyond aspects prompted by the stimulus points.*

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Relevant points that support the statement may include:

- 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.
- 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.
- 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.
- X-rays were discovered in 1896 and made surgery more precise, which had a significant impact on the success of operations.

Relevant points to counter the statement may include:

- 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.
- 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.
- 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'.
- Technology developed during the twentieth century has made micro-surgery possible, meaning that recovery time is much faster.