Mark Scheme (Results)

Summer 2023

Pearson Edexcel GCSE
In History (1HI0)
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

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General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

How to award marks when level descriptions are used

1. Finding the right level

The first stage is to decide which level the answer should be placed in. To do this, use a 'best-fit' approach, deciding which level most closely describes the quality of the answer. Answers can display characteristics from more than one level, and where this happens markers must use the guidance below and their professional judgement to decide which level is most appropriate.

For example, one stronger passage at L4 would not by itself merit a L4 mark, but it might be evidence to support a high L3 mark, unless there are substantial weaknesses in other areas. Similarly, an answer that fits best in L3 but which has some characteristics of L2 might be placed at the bottom of L3. An answer displaying some characteristics of L3 and some of L1 might be placed in L2.

2. Finding a mark within a level

After a level has been decided on, the next stage is to decide on the mark within the level. The instructions below tell you how to reward responses within a level. However, where a level has specific guidance about how to place an answer within a level, always follow that guidance.

Levels containing two marks only

Start with the presumption that the work will be at the top of the level. Move down to the lower mark if the work only just meets the requirements of the level.

Levels containing three or more marks

Markers should be prepared to use the full range of marks available in a level and not restrict marks to the middle. Markers should start at the middle of the level (or the upper-middle mark if there is an even number of marks) and then move the mark up or down to find the best mark. To do this, they should take into account how far the answer meets the requirements of the level:

- If it meets the requirements *fully*, markers should be prepared to award full marks within the level. The top mark in the level is used for answers that are as good as can realistically be expected within that level
- If it only *barely* meets the requirements of the level, markers should consider awarding marks at the bottom of the level. The bottom mark in the level is used for answers that are the weakest that can be expected within that level
- The middle marks of the level are used for answers that have a *reasonable* match to the descriptor. This might represent a balance between some characteristics of the level that are fully met and others that are only barely met.

Indicative content

Examiners are reminded that indicative content is provided as an illustration to markers of some of the material that may be offered by students. It does not show required content and alternatives should be credited where valid.

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

Question	
1	Describe two features of the problems involved in transporting wounded soldiers away from the battleground. 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. • *The recovery and transport of the wounded was made difficult by mud and flooded trenches (1). The ground did not drain well and explosives churned up the soil (1).* • *Transport along the trenches was difficult, especially for stretcher bearers (1). The trenches were narrow and constructed in a zig-zag pattern (1).* • *It was difficult to get motorised transport or railways close to the battleground (1). Horse-drawn ambulances were often used but could not carry many people (1).* Accept other appropriate features and supporting information.

Question		
2 (a)		How useful are Sources A and B for an enquiry into new techniques being used on the Western Front to deal with injuries? 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 (page 3).

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 a new technique being used to deal with a head injury.
- Source A is useful because it suggests that the surgeons had to experiment in order to find successful treatment for new types of injuries, such as those caused by shrapnel.
- It is useful as the description of the interest in this experiment from other medical staff illustrates how significant this new development was.

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:

- It is taken from the surgeon's diary and therefore records the thoughts and feelings of the person directly involved in developing new techniques.
- As it is from a pioneering surgeon in 1915, it provides expert insight into the process of developing new techniques to deal with head injuries.

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

- Head wounds were common, especially before the introduction of the brodie helmet in 1916, and therefore techniques for dealing with them was a priority.
- X-ray rooms were situated at Base Hospitals and some Casualty Clearing Stations. The machines were useful for locating metal fragments inside wounds.

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 explains the process of using a new solution to deal with the problem of infection that often complicated the treatment of a wound.
- The content of Source B illustrates the way new techniques increased the difficulties faced by the nursing staff as they had to carry out this procedure every three hours on each patient involved.
- Source B claims that this new treatment was often successful and was therefore a significant development.

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:

- Gwenydd Lloyd is writing about her own experience and this is useful because it includes her insight into how difficult it was to carry out the procedure and how painful it was for the patient.
- She was a volunteer, who possibly had little medical knowledge or training, so she probably could not give a full explanation.
- She had experience of dealing with injuries and therefore could compare the effectiveness of this technique.

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

- The soil on the Western Front was full of bacteria that caused infection in wounds and gangrene; this meant that new techniques to clean the wound and deal with infection needed to be developed.
- Infected wounds could be treated with Carrel-Dakin solution or the wound could be abrided.

Question	
2 (b)	How could you follow up Source A to find out more about new techniques being used on the Western Front to deal with injuries? 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 an appropriate follow-up question.

e.g.

- *Detail in Source A that I would follow up: 'Finally, we decided to try using a large wire nail as a magnet.' (1)*
- *Question I would ask: How successful were the new techniques for dealing with injuries to the brain? (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 to use in a follow-up enquiry and 1 mark for an answer that explains how the information it contains could help answer the chosen follow-up question.

e.g.

- *What type of source I would look for: A report in a medical journal about dealing with injuries to the brain. (1)*
- *How this might help answer my question: It would explain the techniques in use and how successful they were. (1)*

Accept other appropriate alternatives.

Question		
3		Explain one way in which ideas about prevention of illness in the medieval period were similar to ideas about the prevention of illness in the modern period. Target: Analysis of second order concepts: similarity[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 similarity. [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 similarity [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 (page 3).

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 both periods, there was the idea that it was important to stay healthy in order to prevent illness. In the medieval period, the idea of keeping your humours balanced and staying healthy was similar to the modern idea about healthy living, for example the 5-a-day campaign.
- In both periods, there was the idea that isolation could prevent the spread of illness. In the medieval period, lepers were forced to live apart from society and in the modern period, people suffering from TB or Covid have been required to isolate.

Question		
4		Explain why access to medical care and treatment improved in the modern period. You may use the following in your answer: • hospitals • General Practitioners (GPs) 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 (page 3).

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:

- Access to treatment for ordinary people who could not afford to see a doctor improved because many town councils and charities set up infirmaries that had outpatient departments.
- Access to a full range of treatments became available because GPs in the NHS were able to refer patients to receive specialist treatment from consultants in hospitals.
- During the 1920s, specialist hospitals were set up to provide treatment for TB patients.
- Access to treatment became more affordable in the early twentieth century because many GPs began to operate a panel system, allowing people to pay a weekly sum in order to access treatment when needed.
- After 1948, the NHS offered treatment free at the point of access, meaning that people felt more able to seek treatment.
- Improvements in training for doctors and nurses made specialist treatment more widely available.

Question		
5		'The work of Thomas Sydenham was the key turning point in medicine in the years c1500-c1700.' How far do you agree? Explain your answer. You may use the following in your answer. • Sydenham's *Observationes Medicae* (1676) • Four Humours You must also use information of your own. Target: Analysis and evaluation of second order concepts: significance, change [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 (page 3).

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:

- Sydenham published works on epidemics and fevers and his book Observationes Medicae, summarising his research and new ideas, became a standard medical textbook, replacing the emphasis on Galen's ideas.
- Sydenham classified diseases and stressed the need to treat the disease and not just the symptoms, which was a new approach, contrary to Galen's Theory of Opposites, and led to a better understanding of disease.
- Sydenham encouraged the use of cinchona bark (quinine) for ague and malaria; this was a new treatment as it had only recently been discovered in the Americas and it was a turning point since it was successful.
- Sydenham was one of the first to use iron to treat anaemia, which was a new and effective approach.

Relevant points to counter the statement may include:

- Many treatments continued to be used that remained based on the idea of balancing the humours.
- Although Sydenham's ideas began to be taught and accepted by doctors, they had limited impact on the treatment of illnesses such as plague and smallpox.
- Until there was a better understanding of the causes of illness, there was little change in treatments or prevention.
- Other developments were more significant, for example, the work of Vesalius or Harvey, the Royal Society, the printing press, the Great Plague in London 1665 and the Reformation.

Question		
6		'People's attitudes about medicine, in the years c1700-c1900, became increasingly positive.' How far do you agree? Explain your answer. You may use the following in your answer: • vaccination • infectious diseases You must also use information of your own. Target: Analysis and evaluation of second order concepts: continuity; change[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.
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Relevant points that support the statement may include:

- Public acceptance of Jenner's work on smallpox vaccination was demonstrated by a parliamentary grant and public recognition of the improvement in prevention of illness.
- The work of individuals such as Edward Jenner and John Snow created a positive attitude towards medicine as they showed that improvements in medicine could have a big impact on people's daily lives and health.
- There was increasing public respect for doctors and medicine during the nineteenth century as the standard of medical qualifications improved and the General Medical Council was founded.
- Respect for medicine increased as it began to be seen as having a scientific basis following the work of Pasteur and Koch.

Relevant points to counter the statement may include:

- The knowledge that doctors could not treat infectious diseases and many chronic conditions meant that public attitudes were often negative.
- People were often critical of medicine and were slow to accept it when doctors tried new ideas and practices, for example, Jenner's ideas were ridiculed.
- Treatment was often ineffective and, throughout the period, there was little progress in treatment, so there was limited respect for medicine.
- Access to doctors remained expensive and therefore most people had little direct experience of the improved standard of medicine, meaning that attitudes often remained negative.

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