

Mark Scheme (Results)

Summer 2024

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 new techniques used in the treatment of wounds on the Western Front. 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 Thomas splint was developed (1). This would immobilise the leg while a wounded soldier was being moved (1).*
- *Mobile x-ray units were set up to be available close to the Front (1). They allowed the fragments of shrapnel to be identified so that they could be removed and the wound would not become infected (1).*
- *A blood bank was created before the Battle of Cambrai (1917) (1). This increased the availability of blood transfusions to stop soldiers dying from blood loss (1).*

Accept other appropriate features and supporting information.

Question		
2 (a)		How useful are Sources A and B for an enquiry into the work of medical staff in the Casualty Clearing Stations (CCS) 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 (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 provides details about the difficult and dangerous conditions in which medical staff worked in a CCS, for example the long hours and the danger of coming under attack.
- It illustrates the severity of the injuries with which medical staff at the CCS were dealing, when describing the soldier's damaged leg.
- Source A is useful because it suggests that the medical staff offered support and care to the injured soldiers as well as treatments.

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:

- Tilton was a senior nurse and therefore she was well-qualified and probably had wide-ranging experience, so her account is likely to contain a range of accurate details.
- The account was published sometime after the war, when Tilton might have become less emotionally affected by her experiences and therefore able to give an accurate account.

- Tilton may have wanted her experiences to be published in order to publicise the importance of the work that was done by nurses as part of the medical staff at a CCS.

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

- Serious injuries were dealt with at a CCS, which was usually positioned close to the front, just outside the range of enemy artillery.
- The medical staff at a CCS usually included seven Medical Officers, together with a range of other medical and non-medical staff.

Source B

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

- The content of Source B is useful as it suggests that, during battles, the number and severity of injuries created an overwhelming workload.
- The source suggests that a systematic approach developed in order to treat the wounded as quickly as possible.
- Source B is useful as it shows that patients often had multiple injuries that needed treating and that nurses were part of the surgical team.

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:

- Garden is speaking of her own experiences as a nurse in a CCS on the Western Front, so her account should be accurate.
- Garden may have wanted to impress the interviewer and therefore might have selected the more significant aspects of her work on the Western Front for discussion.

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

- Medical staff were involved in trialling new techniques when CCSs began to specialise in dealing with certain types of injuries e.g. brain surgery.
- The role of trained nurses was increasingly accepted as they became more involved in surgical and medical care at CCSs, in order to deal with the increased numbers and complexity of operations.

Question	
2 (b)	How could you follow up Source A to find out more about the work of medical staff in the Casualty Clearing Stations (CCS) 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 an appropriate follow-up question.

e.g.

- *Detail in Source A that I would follow up: 'We worked night after night, in the thunderous noise of raging battles.' (1)*
- *Question I would ask: Did the medical staff ever get injured when working in a CCS? (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: Records from the RAMC showing any damage and injuries experienced at individual CCSs. (1)*
- *How this might help answer my question: I could see how often medical staff were injured and the circumstances in which this happened. (1)*

Accept other appropriate alternatives.

Question		
3		Explain one way in which the treatment of infectious diseases in the medieval period (c1250-c1500) was different from the treatment of infectious diseases in the modern period (c1900-present). 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 (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 the medieval period, people suffering from infectious diseases, e.g. the plague or leprosy, were often kept away from society, for example in lazar houses or pest houses whereas, in the modern period, people suffering from infectious diseases, e.g. Covid, are mainly recommended to isolate themselves at home.
- In the medieval period, there was no effective treatment for infectious diseases, so patients were simply made as comfortable as possible. In contrast, modern medicine has developed treatments for many infectious diseases, e.g. cholera, TB.

Question		
4		Explain why there was little change in medicine in England during the medieval period (c1250–c1500). You may use the following in your answer: • Galen • monastery hospitals 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]
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 answers that do not address three or more aspects of content.*
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 that do not address three or more aspects of content.*

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:

- The ideas of Galen were the basis of medical training throughout this period, therefore physicians continued to use the same treatment.
- The Church discouraged experimentation and dissection and therefore there was little evidence to challenge Galen's ideas.
- The Church provided care for the sick in monastery hospitals but focused on care rather than cure, so new ideas were not tried.
- Although there were individuals who were interested in new ideas, the technology did not exist to discover microbes and the authorities were not prepared to take action, therefore there was little attempt to implement change.
- Medical texts were circulated but the texts were based on established theories rather than introducing new ideas.
- Most people could not afford to consult a trained physician so they relied on remedies passed down from one generation to the next.

Question		
5		'There was significant progress in medical knowledge in England during the Renaissance period (c1500-c1700).' How far do you agree? Explain your answer. You may use the following in your answer: • William Harvey • the Great Plague (1665) 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]
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 answers that do not address three or more aspects of content.*
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 address three or more aspects of content.*

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:

- Harvey's work on the heart and the circulation of blood led to significant improvements in knowledge and understanding of physiology.
- Vesalius' book *On the Fabric of the Human Body* led to improvements in knowledge of the body's anatomy and also undermined the pre-eminence of Galen's ideas in medicine.
- The creation of the Royal Society in 1660, encouraged a scientific approach to investigation, which led to developments in medical knowledge, for example, Leeuwenhoek's work on 'animalcules'.
- Sydenham classified illnesses, for example, differentiating between scarlet fever and measles for the first time, and collated his ideas in his book *Observationes Medicae*, which quickly became the standard textbook for medical training.
- The invention of the printing press meant that knowledge could be spread more quickly than previously and also ensured that all readers of the same medical text received identical information.

Relevant points to counter the statement may include:

- There was a failure to understand the causes of disease and to develop effective treatments, for example, many people continued to believe miasma was the cause of the Great Plague in 1665.
- Physicians did not always keep up with new developments and, since many of the books were in Latin, new medical knowledge only reached a limited number of people.

- Technology was not advanced enough for significant discoveries about the cause of disease or treatment, e.g. Leeuwenhoek's discovery of 'animalcules' was not investigated.

Question		
6		'The role of individuals was the most important factor in the prevention of illness in the years c1700-present.' How far do you agree? Explain your answer. You may use the following in your answer. • Edward Jenner • anti-smoking campaigns 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
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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]
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 answers that do not address three or more aspects of content.*
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 address three or more aspects of content.*

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Relevant points that support the statement may include:

- Individuals made key breakthroughs, such as the work of Jenner in developing a vaccination against smallpox.
- John Snow demonstrated that cholera was a water-borne disease and, therefore, prevention of disease based on the ideas of the Four Humours or spontaneous generation was ineffective.
- Pasteur's work on the germ theory led Koch to identify the germs causing specific disease, and then the development of effective vaccines.
- The work of Crick and Watson in identifying the structure of DNA helped to improve understanding of genetic disease such as lung cancer.

Relevant points to counter the statement may include:

- The role of government was important, for example in making Jenner's vaccination compulsory, developing vaccination programmes against diphtheria, polio, Covid and anti-smoking campaigns.
- Social attitudes have been important in preventing illness, for example, acceptance of vaccinations, recognising the importance of hygiene and accepting restrictions on smoking in public and activities during the Covid epidemic.
- Improved scientific understanding was important for developments in the prevention of illness, for example the restrictions on smoking and the recent emphasis on a healthy lifestyle.
- The role of government was important in improved public health measures, for example, government provided funding for a new sewer system for London, and passed and enforced the 1875 Public Health Act.

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