GCSE MARKING SCHEME

SUMMER 2024

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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About this marking scheme

The purpose of this marking scheme is to provide teachers, learners, and other interested parties, with an understanding of the assessment criteria used to assess this specific assessment.

This marking scheme reflects the criteria by which this assessment was marked in a live series and was finalised following detailed discussion at an examiners' conference. A team of qualified examiners were trained specifically in the application of this marking scheme. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners. It may not be possible, or appropriate, to capture every variation that a candidate may present in their responses within this marking scheme. However, during the training conference, examiners were guided in using their professional judgement to credit alternative valid responses as instructed by the document, and through reviewing exemplar responses.

Without the benefit of participation in the examiners' conference, teachers, learners and other users, may have different views on certain matters of detail or interpretation. Therefore, it is strongly recommended that this marking scheme is used alongside other guidance, such as published exemplar materials or Guidance for Teaching. This marking scheme is final and will not be changed, unless in the event that a clear error is identified, as it reflects the criteria used to assess candidate responses during the live series.

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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 2024 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 the candidate for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

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

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

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

Question: e.g. **Describe the development of vaccination in the eighteenth and nineteenth centuries.** **[5]**

This is the question and its mark tariff.

Band descriptors and mark allocations

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

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

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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:

- *Inoculation involved spreading matter from a smallpox scab onto an open cut on a healthy person's skin, giving them a mild dose of the disease. Inoculation became popular but it was not completely safe. This had been introduced into England in 1721 from the Ottoman Empire by Lady Montague.*
- *Dr Edward Jenner experimented to find out why milkmaids suffered from cowpox but never smallpox. In 1796 he injected James Phipps with the pus from the sores of a milkmaid with cowpox. Phipps developed cowpox but did not develop smallpox. Jenner then tested this on others, including his own infant son.*
- *Jenner called this method vaccination, after the Latin word vacca (cow). His book on vaccination was published in 1798; he presented his ideas to the Royal Society and his work was acknowledged by the Royal College of Physicians in 1807.*
- *Many doctors objected to vaccination as they made a lot of money from inoculation and spread misinformation about the effectiveness and safety of vaccination.*
- *In 1852 smallpox vaccination was made compulsory for all children. Many parents objected as they thought they should be allowed to decide if their children were vaccinated or not.*
- *By the 1850s, some people still believed miasma caused smallpox and others still argued it was a punishment from God for living a sinful life.*
- *In 1879, Pasteur injected chickens with a weakened form of chicken cholera by accident and they became immune to it. From this accident he developed his vaccination theory that exposure to a weakened form of a disease gave someone immunity against a stronger form of it.*
- *Pasteur tested his theory by creating vaccines for anthrax in 1881 and rabies in 1885.*

This section contains indicative content (see below under banded mark schemes Stage 2). It may be that the indicative content will be amended at the examiner's conference after actual scripts have been read. The indicative content is not prescriptive and includes some of the points a candidate might include in their response.

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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 the examiner training meeting immediately prior to the commencement of marking, detailed advice from the Principal Examiner on the qualities of each mark band will be given along with examples of pre-marked work. 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, either because it contains nothing of any significance to the mark scheme or 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 above to identify *one* similarity and *one* difference in medical knowledge 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**	**BAND 2**	**Uses the sources to identify both similarity and difference.**	**2**
BAND 1	**Identifies either one similarity or one difference.**	**1**	**BAND 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 –
B and C show technology being used to increase medical knowledge
A and B show individuals involved in medical research
A and C show attempts to improve understanding of the human body

Differences –
A shows medical research in public while B shows medical research in private
B shows technology used to improve medical understanding while C shows technology being used for diagnosis
A does not show the use of technology to advance medical knowledge while B and C do

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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**	**BAND 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**	**BAND 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 describes the natural and herbal medicines that were commonly used for medical treatments in this period. These remedies must have been helpful enough for it to have been worth compiling them into a book that continued to be used for hundreds of years. Its title suggests that physicians used it and probably contributed to writing it.*
- *To assess the reliability of the authorship there should be reference to the fact that no singular or specific author of this book is named (Bald who is associated with this text is the person who owned this manuscript – not its author) so it is difficult to know where the information that is in the book came from.*
- *Source E is reliable to a degree as it was written at the time the theory of antiseptics was being developed and was published in a respectable medical journal at the time in which antiseptic theory was being tested.*
- *To assess the reliability of the authorship there should be reference to the author being Joseph Lister, the doctor whose theory of antiseptics is described in the source. The source was published in a medical journal but there is no indication here as to how this procedure went or how this new medical theory and procedure was received.*

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

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Question 3

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

Question: **Describe the development of vaccination in the eighteenth and nineteenth centuries.** **[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 describes 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:

- *Inoculation involved spreading matter from a smallpox scab onto an open cut on a healthy person's skin, giving them a mild dose of the disease. Inoculation became popular but it was not completely safe. This had been introduced into England in 1721 from the Ottoman Empire by Lady Montague.*
- *Dr Edward Jenner experimented to find out why milkmaids suffered from cowpox but never smallpox. In 1796 he injected James Phipps with the pus from the sores of a milkmaid with cowpox. Phipps developed cowpox but did not develop smallpox. Jenner then tested this on others, including his own infant son.*
- *Jenner called this method vaccination, after the Latin word vacca (cow). His book on vaccination was published in 1798; he presented his ideas to the Royal Society and his work was acknowledged by the Royal College of Physicians in 1807.*
- *Many doctors objected to vaccination as they made a lot of money from inoculation and spread misinformation about the effectiveness and safety of vaccination.*
- *In 1852 smallpox vaccination was made compulsory for all children. Many parents objected as they thought they should be allowed to decide if their children were vaccinated or not.*
- *By the 1850s, some people still believed miasma caused smallpox and others still argued it was a punishment from God for living a sinful life.*
- *In 1879, Pasteur injected chickens with a weakened form of chicken cholera by accident and they became immune to it. From this accident he developed his vaccination theory that exposure to a weakened form of a diseased gave someone immunity against a stronger form of it.*
- *Pasteur tested his theory by creating vaccines for anthrax in 1881 and rabies in 1885.*

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Question 4

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

Question: **Explain why industrialisation affected public health in the nineteenth 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:

- *Industrialisation led people to move to towns and cities in large numbers as people needed to live near the factories, warehouses, and shops where they worked.*
- *The population of towns and cities grew faster than facilities for people could be properly built. This often led to overcrowding which had health implications as it made it easier for infectious diseases such as typhus or tuberculosis to spread.*
- *Lack of building regulations and the speed with which dwellings were produced resulted in appalling conditions, with little space or light as many houses were built back-to-back or almost on top of each other.*
- *Lack of sanitation was also a significant issue for those moving to or living in towns and cities as they were forced to get water from public pumps and standpipes that could be contaminated; lack of decent sewerage beyond the public privies in courtyards could lead to the spread of diseases such as cholera.*
- *Smoke from factory chimneys and domestic fires from workers' houses could result in serious respiratory conditions.*
- *Industrialisation also led to dangerous working conditions which could lead to severe injury or death from machinery, burns from working with molten iron or steel, or even being poisoned by chemicals, which could result in conditions such as phossy jaw.*
- *As a result of these appalling conditions, the life expectancy of people living in the centre of towns and cities in the nineteenth century was considerably lower than those living in the suburbs or in the countryside.*
- *It could be argued that in the longer term industrialisation contributed to improvements in public health as it led to campaigns that pressured Parliament into legislating to improve conditions, as well as encouraging enlightened factory owners such as Titus Salt, or city councils such as Birmingham's, to proactively improve living conditions for workers.*

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Question 5

Mark allocation:	*AO1 (a+b)*	*AO2*	*AO3*	*AO4*	*SPaG*
20	**6**	**10**			**4**

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

Band descriptors and mark allocations

	AO1(a+b) 6 marks			**AO2 10 marks**	
BAND 4	**Demonstrates very detailed knowledge and understanding of the key issue in the question.**	**5–6**	**BAND 4**	**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**	**BAND 3**	**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**	**BAND 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**	**BAND 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.

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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:

- *In the medieval era, poverty was probably the main cause of illness as it led to malnutrition. Famines could also contribute, whether caused by the weather, as in 1315–17, or by human actions, such as the Harrying of the North in the 1060s. Poor living and working conditions also made people ill and could contribute to an early death. Work was often hard and dangerous and living conditions, especially in towns, could be appalling with little or no sanitation. It was the fleas living on the rats that lived in the filth of medieval life that resulted in the Black Death killing many people. War was endemic through the Saxon period with Viking invasions, then there was the Norman Conquest followed by several rebellions and civil wars culminating in the Wars of the Roses at the end of the medieval period.*
- *In the early modern era, there was a lot of continuity with the medieval period. Medical knowledge of the causes of disease was, mostly, still limited to older theories such as the four humours or the miasma. This may even have contributed to death, for example the bleeding of patients who were already weak may have contributed to their demise, as was possibly the case with Charles II. Knowledge about circulation and blood was still limited at this time although understanding was gradually improving. Living conditions were still appalling for many, although improving in some places. Poorer people were still more likely to be ill because of the conditions they lived in, as well as their restricted diet. There was also ongoing risk of injury and potentially death because of wars such as the Civil War.*
- *In the earlier part of the modern era, poverty and famine were still causing illness and disease but industrialisation and urbanisation caused illness and death because of the poor living and working conditions of the workers who had moved to the industrial towns. Poor sanitation in towns also led to the spread of new diseases such as cholera and typhoid, while poor living conditions resulted in the spread of diseases such as typhus and tuberculosis. Many of these problems persisted into the twentieth century, as understanding of the causes of disease and government action to improve public health were quite slow. Poverty and poor living and working conditions continue to be causes of illness and premature death for poorer people. Increased travel in the twentieth century led to the rapid spread of viruses such as Spanish Flu and AIDS between countries and continents. As medical advances and vaccination have cured or reduced the impact of many diseases newer diseases related to lifestyle have increasingly made people ill with the lack of exercise, obesity and increased consumption of alcohol resulting in conditions such as diabetes, strokes, heart failure and even cancer.*

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

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In applying these performance descriptors:

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

Band	Marks	Performance descriptions
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
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
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
	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, for example errors in spelling, punctuation and grammar severely hinder meaning

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Question 6 (a)

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

Question: **(a)** **Describe *two* main features of living conditions in the Ancoats district of Manchester in the first half of the nineteenth century.** **[8]**

Band descriptors and mark allocations

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

Indicative content

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

- *Inferior quality housing was a feature of Ancoats from the beginning of nineteenth century as every bit of available land, however unsuitable it was, had housing built on it. As there were no rules determining what this housing should be like they tried to fit as much on this land as they possibly could. Poor quality back-to-back houses or courtyards of terraced houses had been quickly and cheaply built. Most commonly, these were two- or three-storey brick terraced houses, one room deep, built back-to-back along narrow cobbled streets or around a small central courtyard. Walls were often no more than one brick thick. Each row of houses or courtyard would have its own tap for water and a few privies. There were also some bigger houses whose fourth floor was used as a workshop, with the basements often becoming the most overcrowded and filthiest accommodation as they were cheapest to rent. Some builders added more and more extensions on to their existing properties making them increasingly overcrowded, as well as becoming less safe. Cheap cellar dwellings became the worst of the slums as they were built quickly and rented out to as many people as possible.*
- *As a result of living in such crowded conditions without sanitation, disease was much more prevalent in Ancoats than in other districts. Half of the houses in Ancoats had no plumbing and many of the streets were never cleaned. The streets, filled with poorly built houses, had no proper drains or sewers. The most common form of toilet was the privy midden – a wooden seat over a pit that needed to be emptied out. Sometimes these privies could be shared by up to thirty families. These privies overflowed and flooded people's houses during times of heavy rain. Piles of rotting vegetables and human waste filled the streets, surrounded by puddles of stale urine. Any toilets that were plumbed dumped sewage directly into the local rivers. In 1847 only 11 000 of the 47 000 houses in Manchester had a piped water supply, the rest used shared taps in the street. The water in these taps that people drank was often drawn from polluted watercourses, as was the water in the wells that everyone else had to use. The Manchester Board of Health found that 55% of houses in Ancoats had no plumbing and 56% of its streets were never cleaned. Ancoats became the perfect breeding ground for waterborne diseases such as cholera and dysentery. Some people who sold goods on the street and at market were still sharing their houses with the horses, ponies, and donkeys they used to draw their carts .*

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Question 6 (b)

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

Question: **(b) Explain why the Ancoats district of Manchester is important in showing how public health 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 showing changes in crime and punishment set within the appropriate historical context.**	**10–12**
BAND 3	**Offers a reasoned explanation and analysis of the historic site in showing changes in crime and punishment set within the appropriate historical context.**	**7–9**
BAND 2	**Offers some explanation and analysis of the historic site in showing changes in crime and punishment set within the appropriate historical context.**	**4–6**
BAND 1	**Offers a generalised explanation and analysis of the historic site with limited reference to changes in crime and punishment.**	**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:

- *James Phillips Kay was a doctor who worked at the Ancoats Dispensary. He began to gather statistics in relation to the health of people living in Ancoats and was one of the originators of concerns about the health of the poor that became referred to as "The Condition of England Question" – a theme of the need for social reforms taken up by authors such as Elizabeth Gaskell and Charles Dickens. Kay's research went on to become an important influence in the development of the 1834 Poor Law Amendment Act and the 1848 Public Health Act.*
- *Social reformer Owen Chadwick grew up in Manchester. After his work on the Poor Law and workhouses in the 1830s, Chadwick moved on to looking at the role that disease played in causing poverty, as he had observed that workhouses had very quickly become filled with sick and disabled people who were not physically able to work. After his research in Ancoats and other industrial districts he arrived at the conclusion that better ventilation and sewerage would solve the problems causing disease. The Poor Law Commissioners reported that 57% of working-class children in Ancoats were dying by the age of five. These observations formed part of his 1842 report "The Sanitary Conditions of the Labouring Population", which soon led to the passing of the 1848 Public Health Act.*
- *Another social commentator whose report on the conditions in Ancoats influenced growing pressure for public health reform in the 1840s was the German social commentator Friedrich Engels. He had come to Manchester to work at a mill owned by his family and spent a lot of time visiting working-class communities. He was horrified by*

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what he saw, referring to conditions in Ancoats as a "hell on Earth". He estimated that mortality rates from infectious diseases in Manchester were four times higher than nearby rural areas and significantly higher than they were nationally. In 1845 he published his observations in his book "The Condition of the Working Class in England". Manchester town council reacted immediately to his criticisms, sending in 100 night soil men to clear out Ancoats.

- *Once Manchester city council was created after the 1835 Municipal Corporations Act, there was a more co-ordinated plan to deal with public health issues. New local laws banned back-to-back housing and cellar dwellings before national laws did so. Streets were finally paved, and sewers installed. New reservoirs such as the chain of reservoirs at Longdendale were built to supply fresh water. A report in 1889 by Doctor John Thresh showed that Ancoats had the second highest rate of infant mortality in the city which he blamed on poor housing conditions. This led to houses in Ancoats each being provided with fresh water via a tap in the house and a flushing toilet in the back yard.*
- *Manchester council formed the Unhealthy Dwellings Committee in 1885 and used the powers granted to it under the 1875 Artisan Dwellings Act to tear down the worst of the slum housing. Municipal housing was first built in Victoria Square in the Ancoats district in the 1890s using the powers granted to the city council by the 1890 Housing Act. By 1914 nearly all of the old courtyards and back-to-back houses had been demolished, years before the same was achieved in other cities.*
- *After the 1919 Addison Act, land was bought at the edge of the city in areas such as Gorton and Wythenshawe to begin the building of new housing estates to move people into from the slums. Although the council had tried to upgrade existing properties between the wars, the oldest housing could not realistically be upgraded so much of the slum housing in Ancoats survived until the 1960s.*
- *The 1956 Clean Air Act did a lot to improve air quality in the city as it did elsewhere, but factories and houses became derelict as people and businesses moved to better accommodation being built on the edge of the city. The area was depopulated by 1960s slum clearances. There were attempts to build new estates here in the 1970s and 1980s, the Smithfield Gardens Estate can still be seen next to the clubs and bars of Ancoats' newly regenerated Northern Quarter and the New Islington Marina.*
- *In 1989, Manchester City Council designated the Ancoats district to be a conservation area, giving special heritage listing to protect the surviving old buildings. In 2000, the government approved a scheme to redevelop the land along the Rochdale Canal in Ancoats, and this £250 million scheme kick-started the regeneration of the area that is still happening today. This redevelopment has shown how an area that was so terrible to live in in the nineteenth century had become a desirable place to live by the early twenty-first century.*

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