# GCSE MARKING SCHEME

**SUMMER 2023**

**HISTORY**
**COMPONENT 2: THEMATIC STUDY**
**2F. CHANGES IN HEALTH AND MEDICINE IN BRITAIN, c.500 TO THE PRESENT DAY**
**C100U60-1**

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## INTRODUCTION

This marking scheme was used by WJEC for the 2023 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

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**GCSE HISTORY – COMPONENT 2: THEMATIC STUDY**

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

**SUMMER 2023 MARK SCHEME**

## Instructions for examiners of GCSE History when applying the mark scheme

### Positive marking

It should be remembered that learners are writing under examination conditions and credit should be given for what the learner writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

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

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 care of the sick by the church and monasteries in the medieval period.** **[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:

- *during the medieval period hospitals were religious organisations where the concern was more about the health of the soul rather than the treatment and cure of sickness which was based on the premise that the people were sick as a result of sin*
- *all medieval hospitals were run by the church and with the building of monasteries from the twelfth century onwards, more hospitals were built*
- *some hospitals specialised in caring for lepers which were built on the outskirts of towns to avoid contact with townsfolk. They provided lodging and food but no care and treatment*
- *alms houses provided basic nursing but no medical treatment for elderly people, widows, single pregnant women and children*
- *Christian hospitals were established and run by the Church and staffed by nuns or monks who cared for the poor and the sick. Nursing was basic and patients were expected to spend much of their time in prayer.*

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 standardising (marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a learner's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

Indicative content is also provided for banded mark schemes. Indicative content is not exhaustive, and any other valid points must be credited. In order to reach the highest bands of the mark scheme a learner need not cover all of the points mentioned in the indicative content but must meet the requirements of the highest mark band.

Where a response is not creditworthy, that is contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

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## Question 1

| *Mark allocation:* | *AO1* | *AO2* | *AO3(a)* | *AO4* |
|---|---|---|---|---|
| **4** | | 2 | 2 | |

Question: **Use Sources A, B and C to identify <u>one</u> similarity and <u>one</u> difference in treating and curing illness and disease over time. [4]**

**Band descriptors and mark allocations**

| | **AO2 2 marks** | | **AO3(a) 2 marks** | |
|---|---|---|---|---|
| **BAND 2** | **Identifies clearly one similarity and one difference.** | **2** | **Uses the sources to identify both similarity and difference.** | **2** |
| **BAND 1** | **Identifies either one similarity or one difference.** | **1** | **Uses the sources to identify either similarity or difference** | **1** |

Use 0 for incorrect or irrelevant answers.

***Indicative content***

This content is not prescriptive and candidates are not expected to refer to all the material identified below.

Some of the issues to consider are:

*Similarities – B and C show technological treatments*
*A and C show treatments that are self-administered*
*A, B and C involve penetrating the skin.*

*Differences – A and C show self-administered treatment while B is treatment provided by professionals*
*B and C are technological treatments, but A is natural*
*B is in a hospital setting but the treatment in C is administered at home.*

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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 public health over time? [6]**

**Band descriptors and mark allocations**

| | **AO1(b) 2 marks** | | **AO3 (a+b) 4 marks** | |
|---|---|---|---|---|
| **BAND 3** | | | **Fully analyses and evaluates the reliability of both sources. There will be analysis of the content and authorship of both sources, producing a clear, well substantiated judgement set within the appropriate historical context.** | **3-4** |
| **BAND 2** | **Demonstrates detailed understanding of the key feature in the question.** | **2** | **Partial attempt to analyse and evaluate the reliability of both sources. There will be some consideration of the content and authorship of both sources with an attempt to reach a judgement set within the appropriate historical context.** | **2** |
| **BAND 1** | **Demonstrates some understanding of the key feature in the question.** | **1** | **Generalised answer which largely paraphrases the sources with little attempt at analysis and evaluation.** | **1** |

Use 0 for incorrect or irrelevant answers.

***Indicative content***

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are as follows.

- *Source D is reliable to a degree as it is from a contemporary account of how to prevent the spread of the Great Plague of 1665 which comments on the need to quarantine. Physicians of the time would be fully aware of the impact of plague as it was ever-present and so were able to propose precautionary measures. They were able to theorise about the causes of plague, recognising the link between dirt and disease though without any real understanding.*
- *To assess the reliability of the authorship there should be reference to the writers of the source being physicians who would have the scientific knowledge of the plague at the time and how to apply that knowledge in providing practical advice for containing the disease. The account does not contain bias as the Royal College of Physicians would not have a personal agenda as their efforts were intended to inform in an attempt to combat the disease. The fact that the work was produced as a result of a request by the Privy Council and ultimately the king adds kudos.*

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- *Source E is reliable to a degree as it is from an investigative report of 1842 on sanitary conditions written by Edwin Chadwick. As a key proponent of sanitary reform, he made the link between poor living standards and the spread and growth of disease. The report recommended governmental intervention to improve sanitation while enabling local councils to clear away refuse from homes and streets.*
- *To assess the reliability of the authorship there should be reference to Chadwick's contribution as a campaigner for sanitary reform. As a lawyer he would be conversant with legal procedure and as a campaigner for social reform he would be keen to highlight, and possibly exaggerate, social issues such as poverty, hunger, exploitation, cruelty and injustice in order to push for change. He is particularly critical of the role of local councils, which serves to underline his agenda.*

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

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## Question 3

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

Question: **Describe the care of the sick by the Church and monasteries in the medieval period. [5]**

**Band descriptors and mark allocations**

| | **AO1(a) 5 marks** | |
|---|---|---|
| **BAND 3** | **Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.** | **4-5** |
| **BAND 2** | **Demonstrates knowledge to partially describe the issue.** | **2-3** |
| **BAND 1** | **Demonstrates limited knowledge to describe the issue.** | **1** |

Use 0 for incorrect or irrelevant answers.

***Indicative content***

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *during the medieval period hospitals were religious organisations where the concern was more about the health of the soul rather than the treatment and cure of sickness which was based on the premise that the people were sick as a result of sin*
- *all medieval hospitals were run by the church and with the building of monasteries from the twelfth century onwards, more hospitals were built*
- *some hospitals specialised in caring for lepers which were built on the outskirts of towns to avoid contact with townsfolk. They provided lodging and food but no care and treatment*
- *alms houses provided basic nursing but no medical treatment for elderly people, widows, single pregnant women and children*
- *Christian hospitals were established and run by the Church and staffed by nuns or monks who cared for the poor and the sick. Nursing was basic and patients were expected to spend much of their time in prayer.*

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## Question 4

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

Question: **Explain why medical knowledge advanced in the sixteenth and seventeenth centuries. [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:

- *medical knowledge advanced gradually throughout the sixteenth century caused largely by Renaissance thinking*
- *the work of Galen was rejected in the main as a result of the work of artists and surgeons who began to further their knowledge by the study of and experimentation with anatomy*
- *medical knowledge advanced as a result of the work and contribution of individuals such as: Vesalius, whose book "The Fabric of the Human Body" changed attitudes to medicine and laid emphasis on anatomy as the key to an understanding of how the body works; Paré, and his use of cauterisation of wounds and ligatures to tie off wounds after amputation – he also introduced the use of wine to sterilise equipment before use and designed prosthetics for amputees, he was also one of the first male figures to involve himself with "women`s health" writing and illustrating gynaecological texts; William Harvey, whose book "On the Motion of the Heart" challenged the work of Galen. His experiments on animals led to the discovery that blood was pumped and circulated around the body which, in turn, challenged the idea of "bleeding" as a cure*
- *scientists were encouraged in their research by wealthy sponsors and patrons*
- *scientific and medical knowledge advanced because of the invention of the microscope*
- *knowledge advanced because of the use of the printing press to disseminate the results of research.*

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## Question 5

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

Question: **Outline how attempts to prevent illness and disease 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** | **Provides a fully detailed, logically structured and well organised narrative account. Demonstrates a secure chronological grasp and clear awareness of the process of change.** | **8-10** |
| **BAND 3** | **Demonstrates detailed knowledge and understanding of the key issue in the question.** | **3-4** | **Provides a detailed and structured narrative account. Demonstrates chronological grasp and awareness of the process of change.** | **5-7** |
| **BAND 2** | **Demonstrates some knowledge and understanding of the key issue in the question.** | **2** | **Provides a partial narrative account. Demonstrates some chronological grasp and some awareness of the process of change.** | **3-4** |
| **BAND 1** | **Generalised answer displaying basic knowledge and understanding of the key issue in the question.** | **1** | **Provides a basic narrative account. Demonstrates limited chronological grasp and limited awareness of the process of change.** | **1-2** |

Use 0 for incorrect or irrelevant answers.

***Indicative content***

The process of change and continuity in attempts to prevent illness and disease will be explored through the creation of a balanced narrative covering the three historical eras in this theme.

The 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, the lack of medical knowledge and understanding made it difficult to prevent disease; the belief in the Four Humours and the need for bodily balance to prevent disease; prevention of disease or prevention of the spread of it led to the use of quarantine of travellers and the isolation of infected people during the Black Death; the belief that miasma caused illness and disease led to the use of pomanders and potions; the thought that illness was God given led to people praying for avoidance, bleeding, purging and flagellation; the use of alchemy; the more practical efforts to prevent disease by Edward III`s proclamation that the streets and rivers of London be cleaned of filth*

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- *in the early modern, era the use of alchemy continued with the search for the "Elixir of Life" to prevent aging and death; the use of herbal potions made by apothecaries; the use of astronomy and magic to prevent illness; the belief in soothsayers and the powers of prophesy as set out in the publication of Mother Shipton's prophesies in 1641; the drinking and bathing in mineral pools to prevent illness by keeping fit and healthy; Renaissance thinking led to the study of anatomy, and advances by Vesalius, Paré and Harvey deepened the understanding of the causes of illnesses and attempts at prevention; the experience of Eyam during the Great Plague and the use of quarantine, sterilisation, limiting human contact and the quick burial of plague victims*
- *in the modern era there was increased application of science through detailed observation and experimentation helped especially by the development of the microscope; the continued use of mineral water treatments together with advancements in cleanliness and sterilisation; the discovery and development of vaccination and inoculation; the discovery of antibodies, advancements in the field of bacteriology and knowledge of the germ theory; the discovery of the link between cholera and water-borne bacteria; the continuance of immunisation and inoculation in the twentieth century and the use of scanning techniques to prevent illness and disease.*

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.

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<br>• Learners use rules of grammar with effective control of meaning overall<br>• Learners use a wide range of specialist terms as appropriate |
| *Intermediate* | 2-3 | • Learners spell and punctuate with considerable accuracy<br>• Learners use rules of grammar with general control of meaning overall<br>• Learners use a good range of specialist terms as appropriate |
| *Threshold* | 1 | • Learners spell and punctuate with reasonable accuracy<br>• Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall<br>• Learners use a limited range of specialist terms as appropriate |
| | 0 | • The learner writes nothing<br>• The learner's response does not relate to the question<br>• 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: **Describe <u>two</u> factors that led to high death rates in Scutari Hospital during the Crimean War. [8]**

**Band descriptors and mark allocations**

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

- *Lack of hygiene. Scutari Hospital was built on a sewer which, when flooded, meant that men had to walk barefoot through layers of faeces. Wooden floors were so rotten that they could not be cleaned properly and were infested with rodents and lice. The hospital could accommodate upwards of 6,000 patients who were crammed in along about four miles of beds spaced just a foot apart. Overcrowding on the wards caused the spread of typhus, dysentery, and respiratory infections. Patients were laid on beds with linen that had not been changed in weeks, and men went unwashed, adding to the spread of infection.*
- *Poor patient care. Care was hampered by extremely poor standards of nursing. At the time nursing did not demand either skill or training, nor did it command respect. Nurses had a reputation of being coarse and ignorant, leading lives of promiscuity and drunkenness. The cleaning and feeding of another person were regarded as domestic tasks better performed by servants and nurses had little grasp of the need for cleanliness and went from procedure to procedure without washing their hands or cleaning their work area. They used the same tools on patient after patient without any sort of sterilisation. There was also a shortage of army doctors and surgeons.*
- *Maintaining a regular supply of medical supplies was a problem. In 1854, the two designated hospital ships at Varna were taken over as troop transporters, and by early 1855, four transport ships were operational. To make way for more casualties, the captain of one vessel offloaded the medical supplies stacked on board. These were not located until four months later, by which time most were unusable. The use of anaesthetics had limited impact because of insufficient supplies, which meant that many procedures were carried out by restraining patients.*

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## Question 6 (b)

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

Question: **Explain why the work of Florence Nightingale at Scutari Hospital was important in improving patient care over time. [12]**

**Band descriptors and mark allocations**

| | **AO2 12 marks** | |
|---|---|---|
| **BAND 4** | **Offers a sophisticated and reasoned explanation and analysis of the historic site and its relationship with historic events and developments. The answer fully addresses the position of the historic site in discussing why the work of Florence Nightingale at Scutari Hospital was important in improving patient care over time set within the appropriate historical context.** | **10-12** |
| **BAND 3** | **Offers a reasoned explanation and analysis of the historic site in discussing why the work of Florence Nightingale at Scutari Hospital was important in improving patient care over time set within the appropriate historical context.** | **7-9** |
| **BAND 2** | **Offers some explanation and analysis of the historic site in discussing why the work of Florence Nightingale at Scutari Hospital was important in improving patient care over time set within the appropriate historical context.** | **4-6** |
| **BAND 1** | **Offers a generalised explanation and analysis of the historic site with limited reference to why the work of Florence Nightingale at Scutari Hospital was important in improving patient care.** | **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:

- *Nightingale`s experience at Scutari and the improvements made would greatly affect patients over time*
- *Nightingale introduced changes: nurses cleaned the hospital wards; clean shirts and bedding were supplied (and changed regularly); plentiful supplies of soap were provided; basics and necessities such as plates, knives, and forks, cups and glasses were provided; kitchens were cleaned and decent food provided; to prevent the spread of disease, patients were segregated depending on their illnesses; space was put between beds, and windows were opened to improve ventilation and to circulate fresh air; consideration was given to the psychological needs of patients through assistance in writing letters to relatives and educational and recreational activities became part of the rehabilitation of patients*

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- *on returning to Britain in 1856 Nightingale began her investigation into the prevention of unnecessary deaths by analysing a huge amount of army data arriving at the conclusion that the high mortality rates were caused by poor sanitation leading to disease and not battle wounds*
- *in making her findings she made extensive use of circular diagrams and other pictorial aids such as Rose Diagrams*
- *she was to play a pivotal role in changing the public image of nursing while transforming it into a profession for single women of high moral standards*
- *using a public fund, through which she set up the first nursing school – the Nightingale School of Nursing – in a wing of St Thomas' Hospital in London*
- *she published "Notes on Nursing", which introduced many practices that are still in place today*
- *training in nursing schools was very rigorous and nurses were given decent pay, sick leave and annual holidays*
- *the importance of patient observation was emphasised to assess patients' needs in order to provide the appropriate care*
- *nurses were encouraged to travel abroad to widen their experiences, and many went on to become matrons at major hospitals in the United Kingdom. By 1900, nursing schools had opened around the country using Nightingale's ideas*
- *Nightingale also believed in the need for specialist midwives and established a School of Midwifery at King's College Hospital, which became a model for the country*
- *in her push for cleaner hospitals Nightingale was a supporter of the antiseptic movement and an enthusiast for asepsis along with an understanding of hospital epidemiology*
- *Nightingale's environmental theory of nursing was based on the principle of utilising every aspect of the surroundings of the patients, key to which was the adoption of a holistic approach to recovery*
- *Nightingale's ideas led to changes in the design and running of hospitals in terms of ward designs (known as Nightingale Wards), developed in response to her environmental theory, with increased ventilation, added windows, improved drainage and the provision of light and warmth*
- *hospitals adopted the "pavilion principle" which was favoured by Nightingale; by the end of the nineteenth century, many towns and cities had built new hospitals along the lines of the designs of Nightingale*
- *Nightingale, in her role as the first professional hospital administrator, laid the foundations for modern hospitals by developing hospital pharmacy, laundry and nutrition services along with the principle of triage*
- *she asserted that the entire healthcare team should be held accountable for high quality care and that hospitals should keep meticulous records.*



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