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Examiners' Report
June 2013

GCSE History 5HB01 1A

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June 2013

Publications Code UG036197

Introduction

Generally, candidates showed good knowledge and also good examination technique. Where these were combined, there was a number of excellent answers. However, good knowledge alone, which is not shaped to answer the specific question, will usually be limited to a mark in Level 2. Where students have good technique or good understanding of the issue but cannot support their comments with accurate and relevant detail, answers are likely to remain at Level 1.

This is a *Study in Development* and covers approximately 600 years, therefore a sense of chronology is vital. Candidates need to be aware of the different periods in the specification so that they do not talk about Florence Nightingale when discussing medieval hospitals, and do not describe industrial housing, cholera and *laissez-faire* when writing about medieval public health. They also need to understand that 'the 19th century' refers to the period 1801-1900. This point has been made constantly in Principal Examiners' Reports. These mistakes frequently result in candidates receiving no marks because an answer has no relevant details.

Many candidates seem to have limited knowledge of events after the creation of the NHS. They should be aware that this paper covers developments up to the present day. Questions are likely to focus on change and continuity within the key themes in the core specification: ideas about the cause, prevention and treatment of disease, as well as the various factors involved in change and continuity. However, questions may also be set on key individuals or events, so teachers should check the specification carefully and ensure that candidates have enough knowledge to answer questions thematically or in depth. It was noticeable that some candidates had very little knowledge about Hippocrates or Bevan.

The stimulus material provided in Q3 and Q4, and in part (b) of Q5 and Q6, is intended to prompt candidates to cover the whole period in the question or to look at all aspects of the topic. If the candidate chooses to include the stimulus material in their answer, it has to be used. There are no marks for repeating the information in a different way or for offering comments without supporting detail.

The rationale for an individual detail offered in a bullet point may be to point out that:

- not everything was the same
- the pace of change might have varied
- there were several causes or effects
- there were both positive and negative aspects.

However, it is not compulsory to use this material and if candidates do not see the relevance of it, they should not attempt to incorporate it into their answer. Better answers try to construct a coherent response, rather than jumping from one bullet point to another.

The difference between Level 1 and Level 2 is that at Level 2, statements are developed. Either further detail is provided or the explanation of a comment is rooted in accurate context, rather than being generalised. Many answers at Level 1 will make a relevant comment or list relevant examples but with little explanation or supporting details. Sometimes, the inclusion of such support would raise an answer to Level 3.

Many candidates want to write an introduction. This often takes the form of stating they will answer the question or of making unsupported claims that a development had 'a massive impact' or that something was important 'to an extent'. Candidates should be aware that they do not gain marks for these comments until they are supported with accurate and relevant details. It is understandable that teachers encourage an introduction as a way of focusing on the specific question but an introduction which lasts over half a side is a waste of time.

The key to high-scoring answers is to analyse the question, rather than simply to provide information on the topic. A question about impact is asking for an explanation of the effects of something – what changed and why was that important? A question asking how two periods were different, or who was the most important person, needs the comparison to be explicit. Too often, candidates produced a good answer to a different question, presumably one they had prepared in class. In most cases, this resulted in low marks.

Different aspects of a topic are often treated separately at Level 3 but at Level 4 there should be a sense of a logical and structured argument. Planning is a crucial element here, either on paper or in the mind, and a concise, well-planned answer will often score more highly than a long, detailed but unfocused answer.

Part (b) of Q5 and Q6 calls for sustained analysis and often requires evaluation for Level 4. This needs to be more than simply repeating what has already been said or offering an opinion, such as declaring that the impact was 'massive' or things are 'somewhat different'. Candidates need to show why differences are greater in extent or more significant than similarities, or to show that one person's actions had a more long-lasting or wide-ranging impact than those of another.

Question 1

The plague, religious ideas and flagellants are all favourite topics with many students and some answers provided lots of own knowledge to explain Source A. Most students also commented that Source B showed the scientific approach to prevention of disease through vaccination.

However, the question requires students to use the sources in combination and to make an inference about change. Answers that simply juxtapose comments about Source A and then Source B and state that there has been a change, remain at Level 1. For the full 4 marks, the comment must make clear the nature or extent of change that is being inferred and show how the two sources support that inference. Candidates sometimes failed to use both sources in their answer or did not explain the change that was being inferred.

As always, a large number of the scripts where extra paper had been taken, had used this additional paper for Q1. In most cases, this made no difference to their marks since they tended to use extra paper to add details from their own knowledge. The answer-booklet is designed with lines on only half the page and that is more space than candidates are expected to need.

1 What can you learn from Sources A and B about changes in the way people have tried to prevent the spread of infectious diseases?

Explain your answer, using these sources.

(4)

Source A shows that people believed ~~religious~~ that ~~we~~ having sins made God make you ill, so they punished themselves and prayed as they thought it would cure them.

The second source is showing that the development of science and technology helped stop the spread of infectious diseases as people are advised to have vaccinations.

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Examiner Comments

This answer makes a comment about each source separately. It does not make an inference about change based on the sources.

Level 1

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Examiner Tip

Good answers will often start with the inference about change and then show how the sources support that inference.

1 What can you learn from Sources A and B about changes in the way people have tried to prevent the spread of infectious diseases?

Explain your answer, using these sources.

(4)

From source A we learn that people used to wheepthemselves to prevent illness as they believed god was punishing them, however, source B informs student to have vaccinations to prevent illness from these two sources we learn that people no longer believe god to be the reason behind illness and look for a scientific reason instead. We can also learn that people have moved on from the supernatural causes and now try to look for harmful bacteria/ germs that is causing the illness so it can be prevented.

(Total for Question 1 = 4 marks)

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Examiner Comments

This answer explicitly identifies the change that is being inferred and clearly links it with both sources.

Level 2

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Examiner Tip

Students should remember to make it clear that both sources have been used to support the inference.

Question 2

Examiners commented that there was a number of blank answers here. This could be because the lack of stimulus material makes this hard for some candidates, especially as here, when the question focuses on an aspect of medicine, rather than an event or person. Alternatively, it may be because many candidates have realised the importance of answering Q5 or Q6, especially since the marks for spelling, punctuation and grammar (SPaG) are awarded for the part (b) answer and therefore a number of students answer the questions in reverse order and may have run out of time.

Answers seemed to be evenly split between the two choices.

The option about care in the home usually produced answers about herbal medicine and traditional or folk remedies. Candidates explained that these remedies were carried out by women and passed down from one generation to the next. Most candidates could produce enough detail to reach Level 2, for example explaining that honey is a natural antibiotic and can be used against infection, but few could explain the importance of this aspect of medicine.

At the higher levels, candidates could explain the importance of easy access to this level of care for minor illness, contrasting it with the fact that trained physicians were expensive and mainly based in towns. The roles of wise women and of local women acting as midwives were also linked to care in the home. However, although it was valid to make a comparison between care in the home and other care from physicians, apothecaries and barber-surgeons, some candidates needed to stay focused on the question – which was about care in the home.

A number of candidates focused their answer around the Black Death. Whilst this was relevant, answers failed to discuss the low-level daily issues involved in care in the home.

The option about care in hospitals was disappointing, because the majority of answers described the situation in the 19th century. There were comments about the lack of hygiene, poor facilities, untrained nurses and the work of Florence Nightingale. Very few candidates recognised the focus on the Middle Ages.

When this option was well done, answers usually stressed that medieval hospitals were mainly religious institutions and offered care rather than cure. They pointed out that these were run by monks and nuns and often did not have a doctor in attendance but would have prayers, an altar and religious statues etc. Many of these answers recognised that offering food, rest and care, and also sometimes herbal remedies, was beneficial, although not enough to cure anything other than minor illness. Some also explained that the very sick would not even be admitted but might be sent to the pest houses and lazar houses etc.

Once again, the role of the Church tended to be seen in a negative light since it failed to treat illness and focused on care and spiritual well-being. Better answers recognised the importance of such care because there were few other places the sick could go.

Examiners felt that more students achieved Level 2 writing about care in the home than care in hospitals but they found it hard to achieve Level 3 by discussing the importance of such care. A much higher number of answers on care in hospitals received Level 1 marks or even zero, where the answer was out-of-period. When candidates did have relevant knowledge, they focused on the importance of care in hospitals and were more likely to achieve Level 3.

2 The boxes below show two aspects of medicine during the Middle Ages.

Choose **one** and explain what role it played in care for the sick at this time.

(9)

herbal remedies
Jacobs Women doctors

Care in the home during the Middle Ages

Care in hospitals during the Middle Ages

One role care in the home during the Middle Ages played in care for the sick at this time was herbal remedies. Herbal remedies were often used at home in order to treat those who were ill for example, Saffron and various herbs and plants, and these treatments were widespread at homes throughout the Middle Ages. This was an important role in care in the home during the Middle Ages as it was the predominant method used to treat patients and care for those who were sick and they were widely used in homes and allowed for patients to be cared for, playing a significant role in medicine during the Middle Ages.

Another role care in the home during the Middle Ages played in care for the sick at this time was through women. Those who were ill during the Middle Ages would often see a house wife physician or an old, wise woman who would care for those who were ill and provide them with treatment or methods which would allow for those who were ill to feel better. For example, Jacoba, whom would often visit patients and examine their urine, pulse and feel their body and limbs. Her methods would often work and help her patients. However she was prosecuted for having no qualifications. Also, Lady Grace Mildmay who wrote many articles about the herbal remedies

She used. This was an important role in care in the home during the Middle Ages as women would often treat patients and their methods would work, helping to care for patients as well as treat them - they also held more rational approaches to medicine and helped many of their patients, showing their importance in care in the home for the sick during the Middle Ages, they played a vital role in medicine during the Middle Ages.

A final role care in the home during the Middle Ages played in care for the sick at this time was through doctors. Those who were upper or middle class could often see a doctor or have a doctor treat them at home and care for them, performing surgeries or helping to care for those who were wealthy when they were ill. This was an important role in the care in the home during the Middle Ages as it meant patients who were wealthy enough could be treated at home and cared for by doctors/ trained physicians, and be played an important role in medicine during the Middle Ages.

(Total for Question 2 = 9 marks)

ResultsPlus
Examiner Comments

This answer covers a number of points about care in the home.

It describes the use of herbal remedies and stresses that this was the main form of care and treatment.

It recognises the importance of the role played by women although the examples of the work of specific women are not strong. Jacoba was acting as a physician, and Lady Grace Mildmay lived, during the sixteenth and seventeenth centuries.

It also shows that for the rich, care in the home could include a trained physician.

Level 3

ResultsPlus
Examiner Tip

An understanding of chronology and the 'labels' for different periods is essential.

Too many answers scored 0 or very low marks because they wrote about nineteenth century hospitals.

2 The boxes below show two aspects of medicine during the Middle Ages.

Choose **one** and explain what role it played in care for the sick at this time.

(9)

Care in the home during the Middle Ages	Care in hospitals during the Middle Ages

I chose care in hospitals during the middle ages because it played a big role. and still does know. In caring for the sick in hospitals in the middle ages wasnt that good because of all the Germs and bacteria that are around because they didnt know about hygiene and cleanliness. So a lot of people would die or get worse depending on what they had. Also the hospitals were really crowded with lots of people with diseases so they spread quickly. They had no privacy every thing was open. Even though the most Hospitals were'nt that good they still played a big role in saving peoples live as well with Galens; Hippocrates and a lot of other ~~& Setes~~ Doctors.

ResultsPlus

Examiner Comments

This answer is very generalised with little specific detail to root it securely in the medieval period.

Level 1

Question 3

This was a far more popular question than Q4. There were fewer narrative accounts than expected, and many candidates recognised that this was about the effects of Pasteur's work, consequently reaching Level 3.

The bullet points in the question offered support for two different approaches. Many candidates were confident in their knowledge of the sequence of events, from germ theory to vaccinations and then to magic bullets, and thus showed the short-term and long-term impact of Pasteur's work. Others focused on the different aspects reflected in the bullet points: the impact on understanding of disease, prevention and treatment. Whichever approach was chosen, there was excellent knowledge offered of the work of Pasteur and Koch in identifying microbes and then developing vaccinations.

Many answers started with the comment that Pasteur's germ theory 'revolutionised' medicine, explaining that Pasteur's work disproved the ideas of spontaneous generation or miasma.There was some confusion at times, with students stating that the germ theory proved that the idea of miasma as the cause of disease was correct. However, some students spent too long explaining previous ideas about miasma and the Four Humours, so that the impact of Pasteur's germ theory in disproving such ideas was stated very briefly.

Candidates also pointed out that the germ theory also made it possible to explain why Jenner's vaccination was only effective against smallpox. The idea of Pasteur's work as a catalyst was commonly expressed – usually in terms of the germ theory 'kicking off' a chain of developments.

Some candidates had impressive knowledge of the work of Koch in staining bacteria and identifying specific microbes, which then led on to vaccinations. They went on to show how this was linked to Behring's research on anti-toxins and then led to Ehrlich's work on 'magic bullets'. This was often used to show the importance of Pasteur's germ theory as the starting point, or to challenge the importance, since most of the medical developments were done by other people.

Many candidates were also aware that Pasteur's ideas were not immediately accepted, with Florence Nightingale being used as the most common example of disbelief. Some also pointed out that the process of identifying each microbe and then developing a vaccination, was very slow. However, a number appeared to think that there was immediate progress in understanding, vaccination and treatment, and that Pasteur's work led to an instant improvement in medicine.

There was a number of students who knew the details of Pasteur's work but did not seem able to place this in the overall context and discuss its impact on medicine. In some cases, there was insecure chronology, with references to beliefs in the supernatural or illness being blamed on Jews. Some stated that Pasteur inspired Jenner and that Snow built on Pasteur's work to study cholera. Others confused Pasteur with Fleming and wrote about the development of penicillin. The printing press was also seen as 'new' technology which helped Pasteur publicise his discovery.

On the other hand, a sizeable number of students did not appreciate the difference between vaccination and treatment and therefore did not realise the delay until the germ theory actually had an impact on treatment.

Other students did not appreciate the rationale behind the bullet points in the question and could not use them in any meaningful way. For example, a number of students did not realise that Pasteur's work had little impact on treatment until the 20th century, or that even when chemical medicine was available to treat a disease, many people could not afford to see a doctor or pay for treatment. Consequently, people continued to use patent medicines and home remedies well into the 20th century. Where candidates did try to use this bullet point, it was often assumed that these remedies continued to be used simply because people did not believe Pasteur's work.

Students should be reminded that all comments should be supported with examples or specific details. Therefore, generalised comments that Pasteur's work 'had a huge impact on understanding of disease' will remain in Level 1. There needs to be an explanation of the situation before and after, or an analysis of what changed, in order to demonstrate this huge impact.

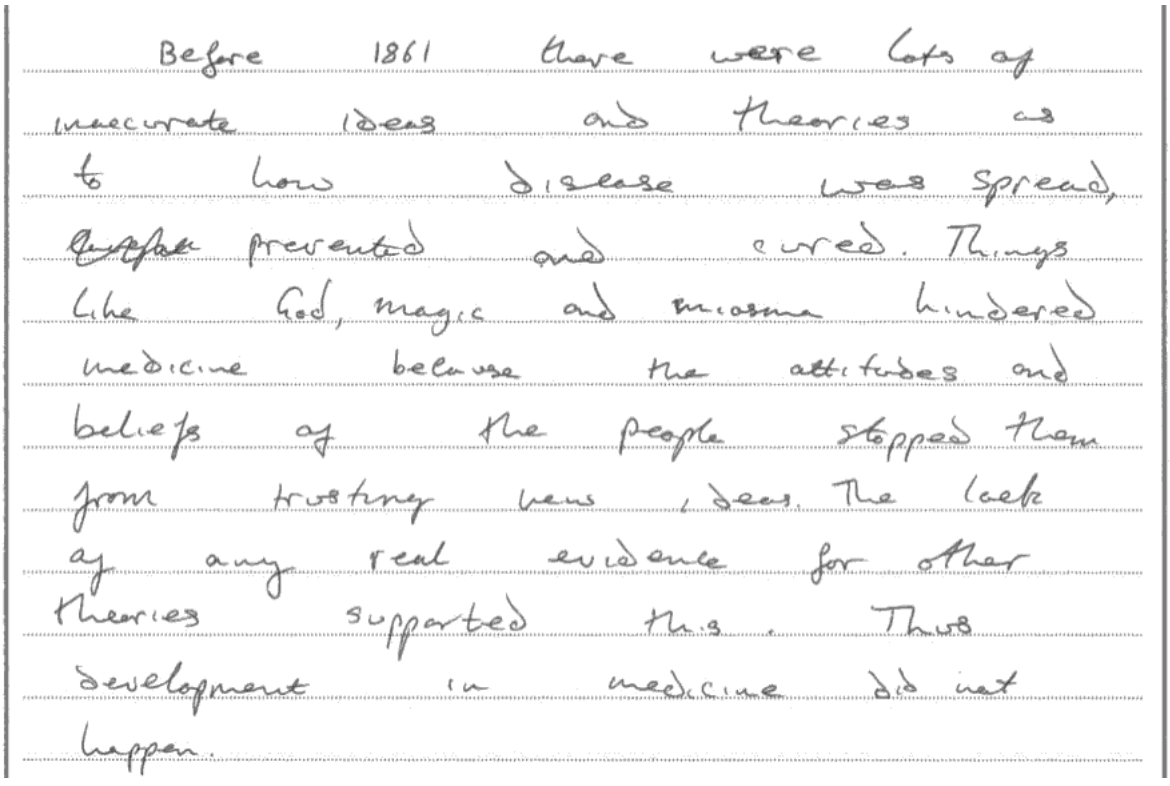
Occasionally, answers drifted into a prepared response on factors affecting Pasteur's work and candidates wrote about his rivalry with Koch, or the significance of war, as a factor. A few candidates seemed confused between Jenner and Pasteur because they claimed that Pasteur could not prove his ideas. It was also often assumed that Pasteur used the same techniques as Jenner to develop vaccinations.

A continued difficulty on this paper is that students often want to use their knowledge of developments in surgery. Surgery as treatment might be relevant in some questions, especially when discussing medicine in the 20th century. However, discussion of the impact of the germ theory on Lister's work on antiseptics is only a small aspect of the impact on medicine. Students should be aware that questions are not set on surgery in this unit and any answer which focuses only on surgery, without explaining the relevance to a question on medicine, cannot be highly rewarded.

Similarly, many students wanted to explain the links between the germ theory and public health. However, descriptions of improvements to the provision of water, the removal of sewage, and collection of rubbish, were not shown to be relevant to a question focused on medicine. Many valid comments were made about the germ theory providing the proof for the ideas of Chadwick and Snow but these, again, rarely made explicit how this was demonstrating the impact of the germ theory on medicine. Students would benefit from having a clear understanding of the different themes of understanding causes of illness, prevention, treatment and public health.

Other difficulties occurred when students did not take note of the time-frame for this question. The end date of c1910 was deliberately chosen to encompass Salvarsan 606 but to exclude penicillin and later developments. Answers focused outside this time-frame could not be credited.

The best answers recognised the need to reach a judgement on 'how much impact' the germ theory had, and therefore identified both positive and negative developments or short and long term impact, before weighing up the overall impact.


Before 1861 there were lots of inaccurate ideas and theories as to how disease was spread, prevented and cured. Things like God, magic and miasma hindered medicine because the attitudes and beliefs of the people stopped them from trusting new ideas. The lack of any real evidence for other theories supported this. Thus development in medicine did not happen.

The Germ theory gave people a proven theory to think about and this spurred a development role during the Franco-prussian war. Robert Koch used Pasteur's ideas to help find the germ which caused anthrax and new staining techniques. Although this was a development in science, medicine did not really change even though they knew the link between germs and disease. They did not have any idea how to fight germs. Therefore the germ theory had a limited effect.

In 1909 Salversan 606 was discovered. This was a type of magic bullet. (like Sulphonamides and Prontosil.) It was synthetically made to replicate a human anti body. If the germ theory was not discovered, no one would have known to replicate the human immune system. Therefore the Germ theory helped medicines as these were the first anti biotics.

Moreover in the 1830s and throughout the late 1800s there

Robert Koch found the germ which caused cholera (using chickens.) He had proved the link between Germs and disease. Eventually this would be used to help find how Cholera spread and therefore

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Examiner Comments

This response has a good explanation of the impact of Pasteur's germ theory on the understanding of disease, development of vaccinations and beginnings of treatment.

There is an excellent understanding that progress was gradual and dependent on the work of other people and other factors.

Level 3

ResultsPlus
Examiner Tip

This answer has a real sense of the impact of Pasteur's germ theory being weighed, with comments showing the positive results, the limitations and the time-scale involved.

on medicine from the years 1861-1910. His Germ theory practice was very important to medicine as it proved the idea of germs being spontaneously generated wrong and in fact proved that disease is spreded due to microbes in the air. He also proved that miasma or bad air was not the cause of disease but was in fact the tiny germs that spread in the atmosphere.

Many people also didn't really understand the full causes of diseases and illness before but now the Germ theory was able to help ~~the~~ people identify certain microbes on a disease and help provide the right treatments for it or even prevent the patient from getting it in the first place. For example the Germ theory helped many doctors and scientists create vaccines

for killer diseases as the microbes could have identified and killed due to reasearch on things that can stop them.

Also by salvarson 606 being developede in 1909 shows me that Louis Pasteurs Germ theory also allowed the productions of the first antibiotics to be made which would save many lives and this would nt have been made possible without his germ theory. This also meant that the knowledge and the methods of improving medicine for patients could now be improved to something more effective than just patent and herbal remedies as know the knowledge / of how to treat the illness have been improved.

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Examiner Comments

This answer covers similar areas to the first example. It looks at the understanding of disease, vaccinations and treatment.

However, it lacks supporting detail and it lacks the sense of time-scale, which would show that the germ theory did not have an immediate impact.

Level 2

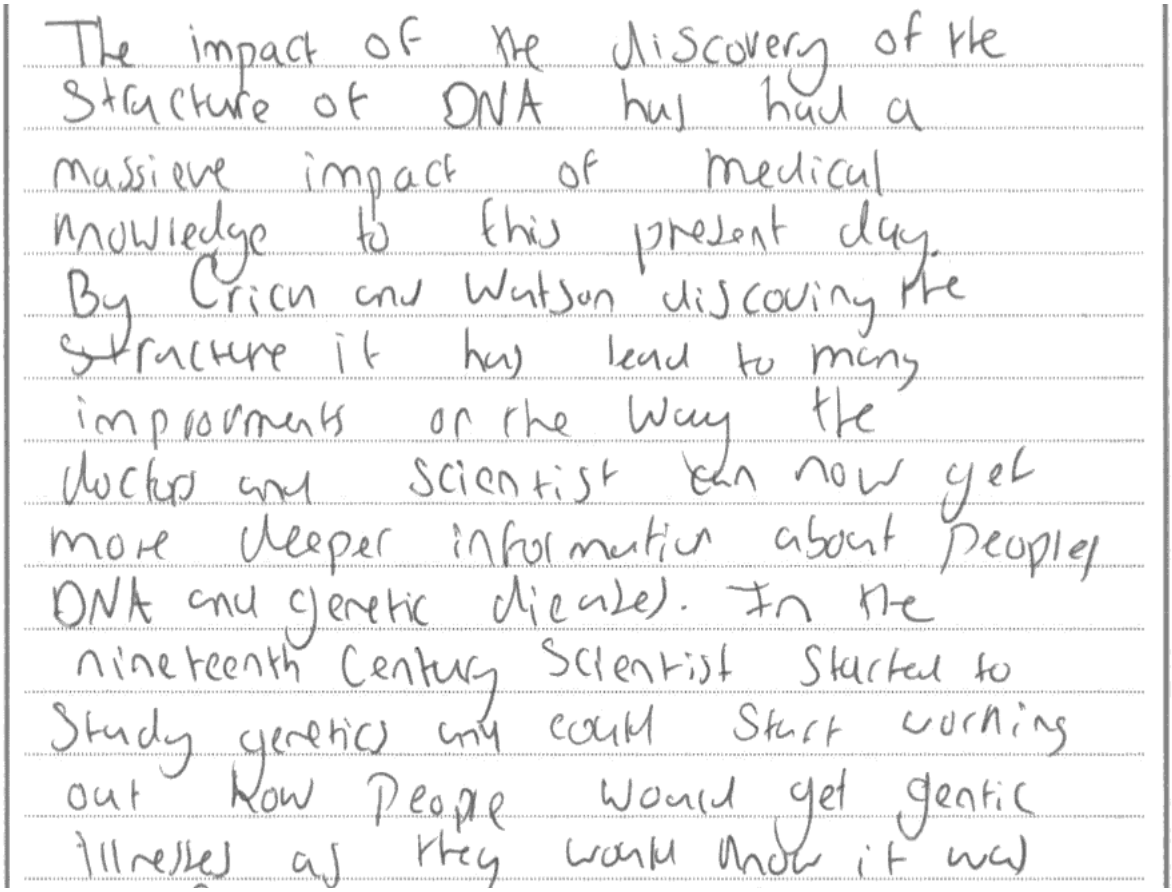
Question 4

This question was far less popular that Q3 on Pasteur, and many of the students choosing this question had very limited relevant knowledge. Most answers were based on the bullet points but could not develop them with any further details or use the ideas to demonstrate the importance of the discovery of DNA's structure. Most candidates could describe the process of discovery and the double helix structure but this was not the focus of the question. Many also knew about the Human Genome Project.

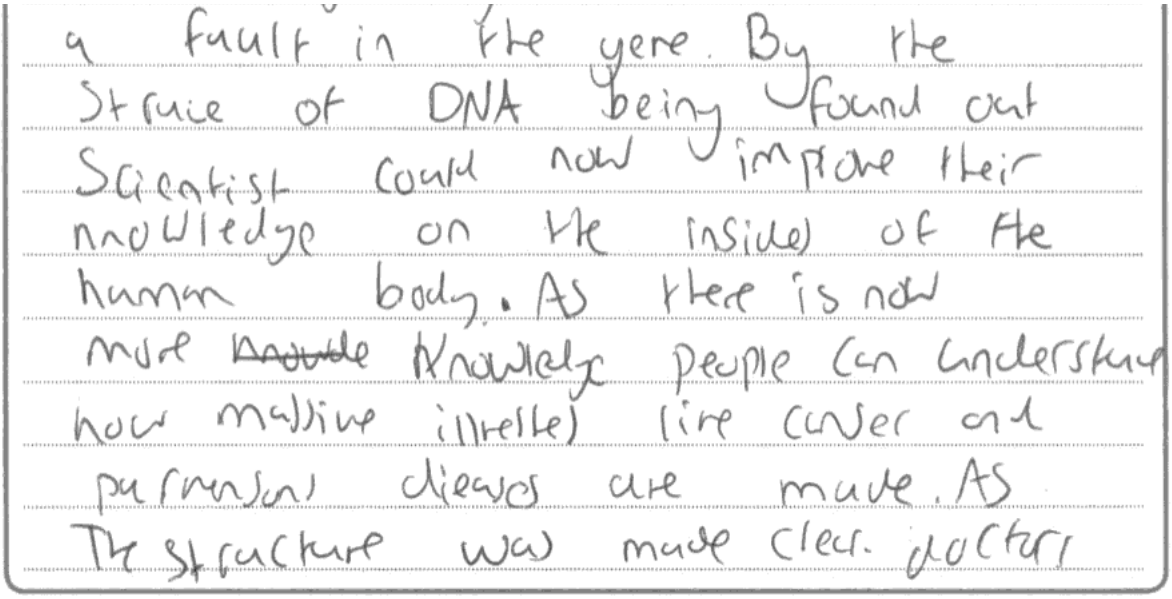
Unfortunately, answers were often vaguely-worded comments about the importance of understanding inherited conditions, with few specific examples being provided. Far too many answers offered details about criminology, paternity tests or opinions about gene therapy, 'designer babies' and ethical issues – these comments were not appropriate in a History examination.

A number of answers mentioned genetic screening, especially in the light of recent media coverage of Angelina Jolie's preventive mastectomy. They did not develop this to explain that there was no cure, and screening can only inform about potential problems. As with Q3, comments that this was a 'massive breakthrough' will only be credited at the higher levels once they are supported with specific details. Many students recognised the need to focus on the effects of this discovery but lacked the necessary detailed knowledge for Level 3.

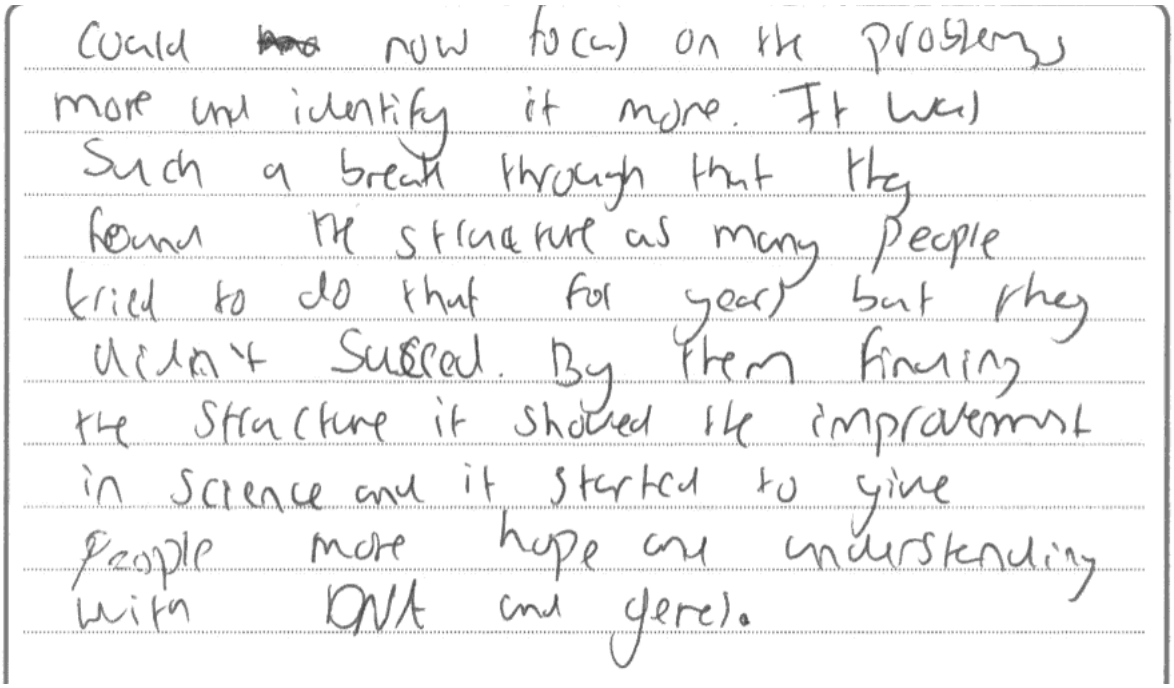
At Level 3, answers also needed to show an awareness of the fact that gene therapy is still a developing area, which has much potential but currently is very limited in application. A few candidates could make references to specific conditions such as sickle-cell anaemia or Down's syndrome, and to the use of stem cells, improved skin grafts, and the production of insulin. However, many students assumed genetic conditions were now treatable and thus their answers remained low-level. Some candidates attempted to twist this question into a comparison of factors affecting medicine and actually wrote very little about the discovery of the structure of DNA and its impact on medicine.



The impact of the discovery of the Structure of DNA has had a massieve impact of medical knowledge to this present day. By Crick and Watson discoving the structure it has lead to many improvments on the Way the doctors and scientist can now get more deeper information about Peoples DNA and genetic diseases. In the nineteenth Century Scientist Started to Study genetics and could Start working out how People would get genetic illnesses as they could then it was



a fault in the gene. By the
Struce of DNA being found out
Scientist could now improve their
knowledge on the inside of the
human body. As there is now
more ~~double~~ knowledge people can understand
how malfive illness like cancer and
personal diseases are made. As
The structure was made clear. doctors



could ~~how~~ now focus on the problems
more and identify it more. It was
such a breath through that they
found the structure as many people
tried to do that for years but they
didn't succed. By them finding
the structure it showed the improvement
in science and it started to give
people more hope and understanding
with DNA and gerel.

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This answer does recognise that the discovery of the structure of DNA had an impact on understanding of illness but there are no details given to support the comments being made.

Level 1

The discovery of DNA by Crick and Watson in 1953 has had an immense impact upon medicine ~~since its~~ right up to the present day. Firstly the discovery has furthered our understanding of the causes of disease and we can now determine how hereditary diseases such as Huntingdon's disease and Downs Syndrome are passed down through the generations. This has opened up a whole new field of genetic research.

Furthermore the discovery has led to the diagnosis before birth of babies suffering from disabilities such as Down Syndrome -through studying chromosones. This information helps the parents and health service to prepare for the child's birth.

Another reason is that it has been discovered that bone marrow contains stem cells which are unspecialised and can be injected and used when there are deficiencies of other cells as a direct treatment: such as for red blood cells in leukemia. This treatment would not be possible without advances made by the 1953 team into DNA and is a treatment to previously incurable diseases.

Also in 1990 the Human Genome Project was set up which united 18 countries in a shared task of ~~finding the~~ identifying

and finding the role of all of the genes in a human. This has led to medical understanding such as that some cancer patients have a faulty gene which contributes more data with which to form new hypothesis' and test theories moving forward.

However despite this not all diseases are inherited and so it has only had a limited impact upon medicine. Arguably treatments such as radio-therapy and chemo-therapy are more important in terms of actually treating disease e.g. "cancer" - for example - and anti-biotics including Florey and Chain's Penicillin (which Fleming discovered in 1928) are breakthroughs which have also defined the twentieth century in terms of medicine. As yet the discovery of DNA has not led to an actual cure for a disease - instead of treatments which only buy time.

In conclusion however Watson and Crick's 1953 discovery of the double helix structure of DNA has had a big impact upon medicine although since it is a constantly expanding area the likelihood is - as with Pasteur's 1861 Germ Theory which ~~exploi~~ led to anti-biotics and Koch's specialised vaccine for TB (and 20 other diseases), ~~DNA~~ this discovery will lead to more in the future.

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This answer is able to support the comments made with specific details.

It also has a good understanding that the discovery of the structure of DNA has had only limited impact so far but that better understanding of genes has the potential to lead to treatment.

Level 3

Question 5 (a)

Previously, Q6 has been more popular than Q5 but this year saw the reverse.

The theory of the Four Humours was well-known and most candidates could explain the idea that an imbalance in the humours was the cause of disease. Some answers displayed an excellent understanding of how the idea of four humours fitted into Greek ideas about the four seasons, four elements etc and thus was a rational approach to medicine. Many candidates also knew that rest, good diet, exercise, were the preferred treatments, although a number blurred Hippocrates and Galen and wrote about the Theory of Opposites. Some thought that Galen preceded Hippocrates and that Hippocrates developed Galen's work.

A pleasing number of candidates could also explain Hippocrates' ideas on Clinical Observation and the Hippocratic Oath, although sometimes lacking specific details about the different aspects of Clinical Observation. However, a number had difficulty with the spelling of his name and several students referred to 'the hippocrates', describing these as an ancient race of people. There were also a few answers which claimed that Hippocrates believed in religious causes of disease.

The majority of answers comfortably reached Level 2 and low Level 3 but at times, details were too generalised to reach the top of Level 3. There was also a number of answers that focused on the Middle Ages, explaining the long-term impact of Hippocrates' work, rather than just explaining his ideas. Unfortunately, this emphasis resulted in a lack of appropriate detail that was relevant to the question.

Question 5 (b)

Roman public health is well-known by candidates and most could explain why the standard was so high. Aqueducts, sewers, toilets and public baths were all described but it should be noted that this extension question is called 'Medicine and Public Health from Roman Britain onwards'. Therefore, answers should focus on the situation in Britain, rather than Rome.

Most candidates also explained that public health declined after the Roman withdrawal, although the assumption appears to be that as soon as the Romans left, everyone decided that they would not use Roman facilities and they chose to be dirty. However, this was not a question about progress or change and continuity, and candidates did not need to discuss the early medieval period. Similarly, they did not need to explain the reasons for the decline in public health. Answers that focused on this, for example discussing the role of government and war, could not score highly.

Furthermore, the question was about public health, not medicine generally. Too many candidates appeared to be producing a prepared answer on progress from the Roman to the medieval period and therefore remained in Level 2. Alternatively, answers focused on events after the Roman withdrawal in order to explain why there was a difference.

However, whilst some details about medieval public health were well-known - in particular, problems about people relieving themselves in the streets, chamber pots being emptied out of windows and butchers leaving animals entrails in the street - problems in chronological understanding meant that there were also many inaccurate contextual details being offered.

Many answers described 19th century urban conditions, with no appreciation that cholera was not present in Britain at this point, houses were not so crowded that families lived in a single room or a cellar, and *laissez-faire* was not an appropriate term for this period. There were also references to the work of Chadwick, Snow and even Bevan.

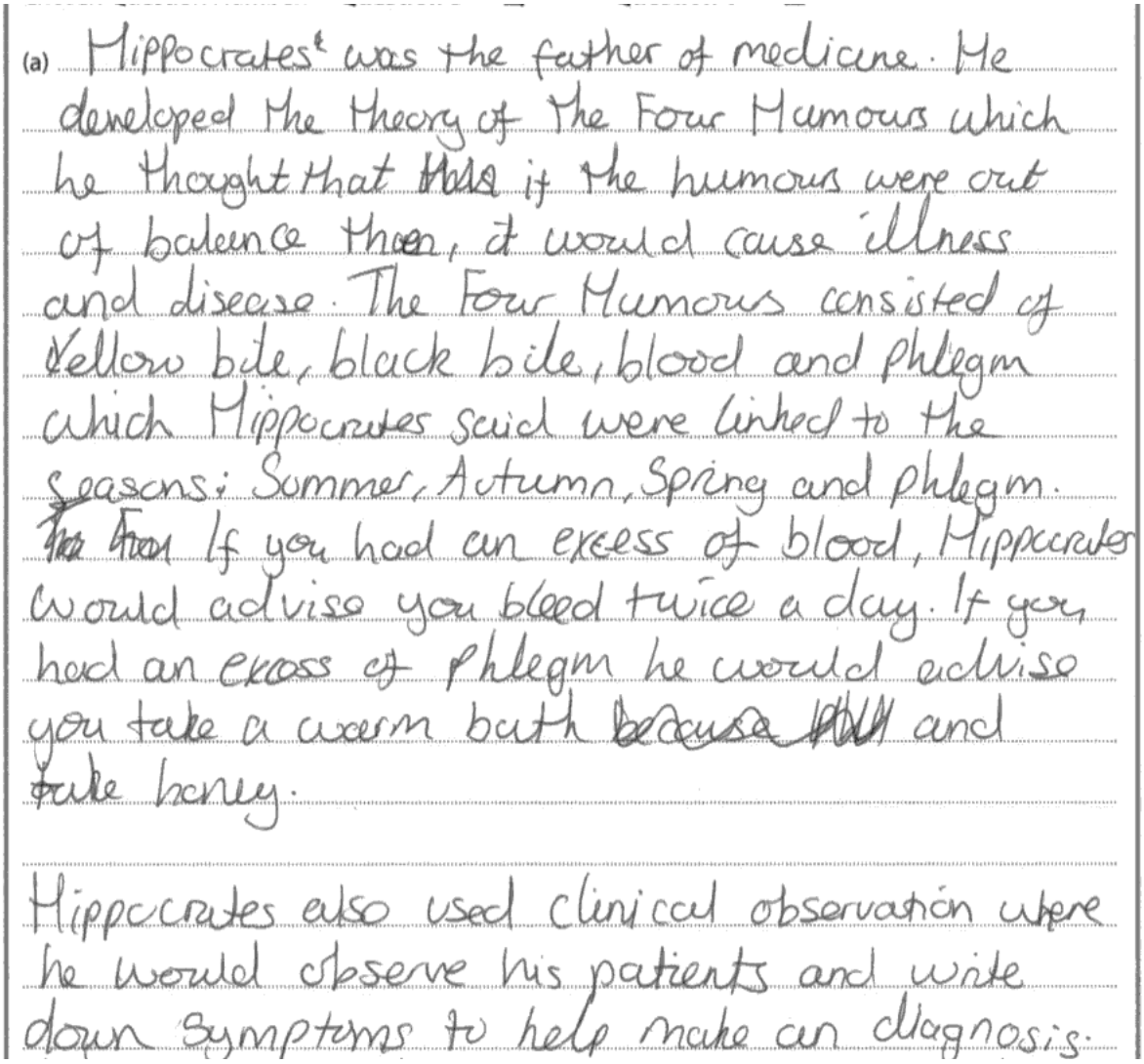
This question was about comparison of the standard of public health during the Roman period and c1350. Where students did not understand the focus of the question, they tended to describe public health, sometimes with a commentary on change and continuity. They only made any comparison at the end or made a judgement about the

extent of progress, rather than the extent of difference. Candidates who recognised the focus of the question and arranged their answer to identify similarities and differences, were much more likely to reach Levels 3 and 4. Those who did the three paragraph approach (Roman public health, medieval public health, conclusion) were likely remain in Level 2 or, at best, low Level 3.

At Levels 3 and 4, candidates often organised their answer thematically, making comparisons about the provision of clean water, then opportunities for bathing, then the removal of sewage. At Level 3, answers were strong on the differences but often did not discuss similarities.

The best answers identified both similarities and differences, and then weighed the extent of the difference in order to reach a judgment. At this level, there were specific and accurate details from both the Roman and medieval periods. There was also an understanding that the situation was not the same for everyone. The bullet points pointed students towards the fact that local authorities sometimes attempted to improve hygiene, although many students assumed these examples were evidence of an overall rise in standards. Some answers mentioned medieval stewes, drawing comparisons with Roman public baths and there was also discussion of the attempts to prevent epidemics. High-level answers noted the high standard of hygiene in monasteries and the houses of the rich. They recognised that many people lived in villages and did not have access to Roman facilities, but also did not suffer from the problems of medieval towns.

A nice distinction was offered by candidates who described Roman public health as pro-active and medieval public health as re-active.



(a) Hippocrates was the father of medicine. He developed the theory of the Four Humours which he thought that if the humours were out of balance then, it would cause illness and disease. The Four Humours consisted of Yellow bile, black bile, blood and phlegm which Hippocrates said were linked to the seasons: Summer, Autumn, Spring and phlegm. If you had an excess of blood, Hippocrates would advise you bleed twice a day. If you had an excess of phlegm he would advise you take a warm bath and take honey.

Hippocrates also used clinical observation where he would observe his patients and write down symptoms to help make an diagnosis.

When he wrote down his observations, it helped him understand different illnesses so he could diagnose new future patients and come up with a suitable action for the patient to take.

((a) continued) Hippocrates also stressed the importance of diet and exercise. This was because he was more interested in natural cures rather than supernatural ideas. For example. He would give herbal remedies rather than encourage people to pray to the Greek God Asclepius. This shows Hippocrates' very logical thinking.

Hippocrates also wrote the Hippocratic collection which was the first medical textbook that had his ideas of the Four Humours and how to solve illness and disease. Hippocrates wrote over 60 medicine textbooks which were used in medical training for upcoming doctors for the next thousand of years.

ResultsPlus
Examiner Comments

This answer shows a good understanding of Hippocrates' ideas and the organisation of the material clearly identifies different key features.

Level 3

(b) The romans provided very good public health facilities for the British public. They piped fresh water to towns which provided clean water for example Lincoln. They provided public baths to impove peoples hygien for example bath. However these baths weren't the cleanest as they were cleaned only once a weeks and were rarely used as some were destroyed before the Romans even left. They also provided Sewers to peope to take away the human waste.

However when the Romans left many of the facilities were destroyed and couldn't be repaired as their wasn't the resources and neither the skill. This meant that people in the 1300's resorted to dumping their waste in the street instead of the sewers this reduced the public health as disease was spread more easily as the streets where more dirty, also people put their waste in cesp.its which were often close to the water supply but the government did try to clear it up by building public toilets in towns for example Leicester and enforced the Sanitary act in 1847 which meant that people would be fined for littering the streets.

In conclusion the public health got worse from the Roman period to the 13 so because

((b) continued) Disease was spread more easily for example the black plague which killed many people as the streets were extremely dirty but were more clean in Roman times. Peoples hygein decreased due to the fact only Rich people could afford baths in 1350's where as everyone could in the Roman period.

ResultsPlus
Examiner Comments

This answer tends to describe public health in the Roman period and then in the medieval period, so it is not focused on comparisons.

However, it also seems to be answering a slightly different question, about progress.

Level 2

+ 2 SPaG

ResultsPlus
Examiner Tip

Candidates should ensure that they read the question carefully and answer the specific question asked, rather than re-writing an answer that they have produced during the course.

There are some errors in spelling, punctuation and grammar, such as 'their' instead of 'there' and 'Romans' is not always capitalised but apostrophes are correctly used in 'couldn't' and 'wasn't' and the language is developed, for example 'people resorted to..'

(b) Public health in the Roman period contrasted hugely to public health in 1350, ~~although~~

In the Roman Period public health was emphasised hugely. The Romans were practical and liked to find practical solutions to problems. The Romans built aqueducts to carry clean, fresh water into the citys. This was hugely different to standards in 1350, where there was hardly any fresh running water, as most had been contaminated by waste or sewage, and so in actual fact people drank ale because the water was so unclean.

The Roman period also has public toilets, with running water to take the waste away, which meant that the cities were cleaner and people were not falling ill from being in contact with human waste. This contrasts to the standard in 1350, where although there were some public toilets in peicester, the majority of people emptied their waste onto the street or in the river, or actually just relieved themselves in the street. This shows that the standard of public

((b) continued) health is hugely different to the Roman period as in 350 there was human waste just in the street, which would have made alot of people ill, as it meant that disease spread quickly and especially as it contaminated alot of the water supplies in ~~the~~ 350.

The Romans also had public baths so people could keep clean, and put a lot of emphasis on ensuring the army had clean water to drink and use for washing and toilet needs. ~~Therefore~~ it could be argued that the Romans

However, the rich in 350 had generally higher standards of public health, many had basins to clean themselves and fresh water to drink. Also, monasteries and convents had higher standards of public health, with fresh water travelling through lead pipes directly to the monasteries to ensure the water was not contaminated

To conclude, the Romans had a high standard of public health, with aqueducts, public baths and public toilets in place which contrasted hugely to the much lower

((b) continued)

standard of public health in 1350, where human waste was often emptied into streets so disease spread quickly and contaminated alot of the water so there was hardly any fresh running water.* However the level of public health was much lower in 1350 to what it was in the Roman period.

*however there was the exception of the rich people, who could afford to have a higher standard of living with cleaner houses and clean water, and the monks and nuns who has clean water, although these only made up a small percentage of people in 1350,

*In addition, the government passed the sanitary act in 1388 an attempt to improve public health and make the streets cleaner, although it didn't have much effect.

ResultsPlus
Examiner Comments

This answer takes different aspects of public health in turn and makes a comparison between the Roman and medieval periods. These comparisons also identify similarities and differences, so that the answer is analytical and focused throughout.

There are occasional minor errors such as 'citys' but spelling, punctuation and grammar are generally accurate.

Level 4 + 3 SPaG

ResultsPlus
Examiner Tip

Planning an answer ensures it stays focused on the question and that a coherent and structured answer is produced.

Question 6 (a)

Previously Q6 has been more popular than Q5 but the situation was reversed this year.

Answers to this question were disappointing. Many students could describe the public health problems of medieval towns but few could offer any details about what the authorities did to deal with these problems. Those that did talk about measures taken by the authorities usually offered examples from the 19th century about the provision of water and removal of sewage.

A range of valid points was made about the actions of the authorities in trying to deal with the plague in 1665,such as appointing searchers, isolating sufferers, trying to purify the air, mass graves and burials at night, but compulsory vaccination was again outside the timescale of this question.

Some candidates missed the point of the question and tried to explain why action was or was not taken. Others offered an explanation of ideas about disease, which often led into an answer on medicine, rather than public health.

A few answers had excellent knowledge of the schemes to provide clean water to London, the work of gong farmers, local measures in certain towns, actions during the plague epidemics and the tax on gin.

Question 6 (b)

Chadwick and the problems of industrial housing are generally well-known, although there is a tendency to confuse Chadwick with Snow. Candidates are less confident on the details of what Chadwick actually did or the specific details of the 1848 Act or the duties of the Board of Health. Bevan's role is known in general terms but, again, the details of what he did tended to be very general – and a number of students seemed to think Bevan was female. This was disappointing, because these two are named in the specification and a question was set on Bevan previously.

There were many answers that provided good analysis of the importance of each man. However, here again, the prepared answer to a different question kept many students at Level 3. Candidates who compared Chadwick's importance with other nineteenth century factors sometimes produced good evaluations of Chadwick's importance but they did not answer the question that was set.

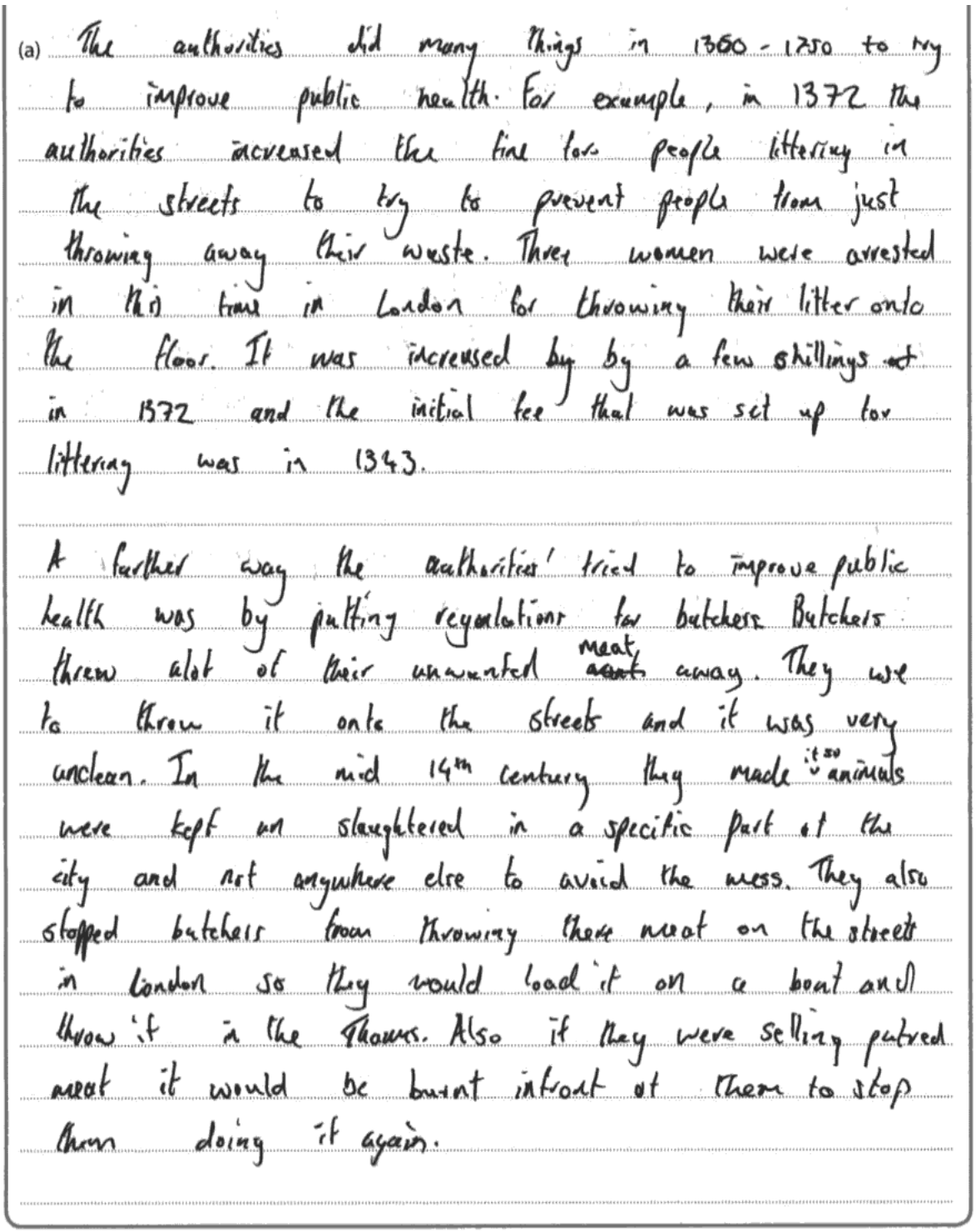
The case for Bevan creating the NHS which offered diagnosis, care, preventive action, and treatment often focused on the importance of the NHS, rather than the importance of Bevan. Nevertheless, a number of candidates had good knowledge of his background and socialist principles. They showed his importance in overcoming opposition from many doctors by listening to their objections and working out a way for them to keep private patients and ensure a good income.

Candidates also noted that Bevan mobilised the public to put pressure on the GPs to join the NHS. Some candidates could also link Bevan's work to Beveridge's report, or the earlier reforms and the context of the Welfare State. His resignation was often seen as a sign of his commitment. However, few candidates discussed the limitations of Bevan's work by considering the unforeseen problems of the NHS such as escalating costs, which necessitated prescription charges.

Meanwhile, the fundamental importance of Chadwick's role in highlighting public health issues and urging action on a national scale was recognised as a breakthrough, which contributed to the end of *laissez-faire*. Some candidates also discussed the limitations of his work in view of the hostility he engendered, the temporary nature of several measures and the lack of enforcement before the work of Pasteur confirmed the link between health and hygiene. Candidates also recognised that Chadwick continued to urge reforms and most of these were eventually implemented in the 1875 Act.

When answers did not progress to Level 4, it was often because the detail was unbalanced or candidates simply stated one was more important than the other. The criteria for such a judgement need to be made explicit. For example, some answers stressed Chadwick's importance in laying the foundations for government intervention – without his work in the nineteenth century, would the Welfare State have developed? Chadwick was also seen as important in that he contributed to improved living conditions and therefore longer life expectancy – without his work there might have been less need for the NHS to offer treatment.

Bevan's achievements were more tangible and had both wide-reaching and long-lasting results but many answers assumed this importance was self-explanatory. Other criteria used were the fact that Chadwick persevered while Bevan's resignation was seen as giving up, or the fact that Chadwick's work impacted mainly on the poor, while Bevan's work affected the whole of society.



(a) The authorities did many things in 1360 - 1750 to try to improve public health. For example, in 1372 the authorities increased the fine for people littering in the streets to try to prevent people from just throwing away their waste. Three women were arrested in this time in London for throwing their litter onto the floor. It was increased by by a few shillings at in 1372 and the initial fee that was set up for littering was in 1343.

A further way the authorities' tried to improve public health was by putting regulations for butchers. Butchers threw alot of their unwanted meat away. They use to throw it onto the streets and it was very unclean. In the mid 14th century they made it so animals were kept an slaughtered in a specific part of the city and not anywhere else to avoid the mess. They also stopped butchers from throwing there meat on the streets in London so they would load it on a boat and throw it in the Thames. Also if they were selling putred meat it would be burnt infront of them to stop them doing it again.

((a) continued) There was also twelve seperate toilets in London that the authorities had made. One set over the Thames and the waste just fell into it. Also there were some sewers taking waste away If it was a big street there were two, if a small street there was one. However many used to just go to the toilet over tubes and in alleyways. *

In conclusion, the authorities tried a little to introduce public health measures but they were hard to enforce, not very good and were not always abidded by.

* Also water out went to some private houses but cut off if the water was low.

ResultsPlus
Examiner Comments

There is good use of specific and accurate details in this answer, showing an excellent awareness of historical context, as well as a good focus on the question.

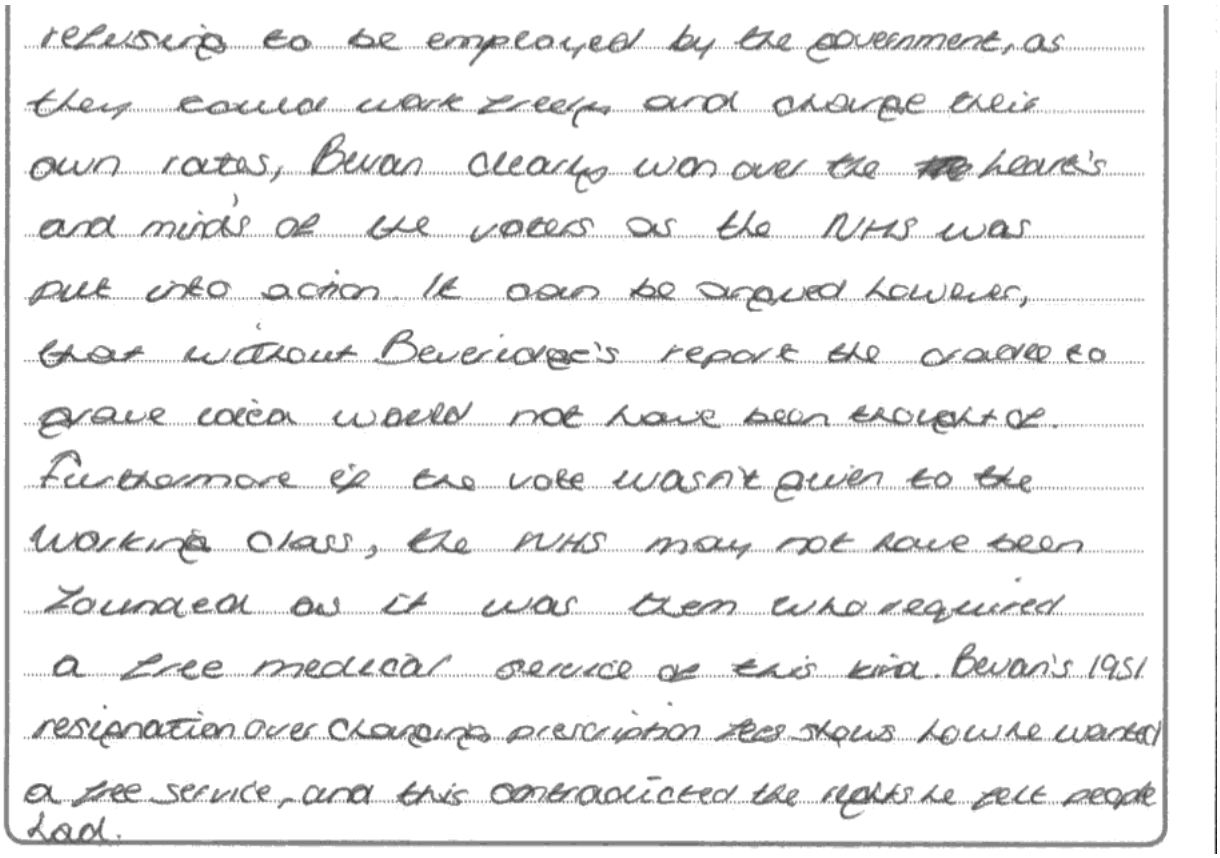
Level 3

(b) Edwin Chadwick and Aneurin Bevan lived in different centuries which had different standards of health but arguably the governments had various amounts of importance for improving public health. Chadwick for example, was employed by the Poor Law Commission to research the lives ~~of~~ the poor. His research led him to believe the governments laissez faire attitude needed to change as those with ill health could not be blamed

as it was caused by their low wages causing poverty. Due to this the 1848 nonsompuls-ory Health Act encouraged local councils to improve the town's Public Health by giving the council the right to employ a Medical Officer, as well as in the same year he was appointed one of three General Board of Health Commissioners. However Public Health was not greatly improved due to local Councils refusing to employ a Medical Officer out of fear that their voters (who were upper class) would not vote for them and they would lose their power. Although the 1848 Health Act shows a gradual change in attitudes, without Edwin Chadwick the development could have been made anyway as the 1850's outbreak of Cholera affected all classes, outlining the need for

((b) continued) the the health of the Public to be improved by Government intervention. Also individuals such as Pasteur and his 1861 Germ Theory being published could have prompted the Government intervention aiding the needed improvement to Public Health.

However Bevan was the founder of the opening of a National Health Service (5th July 1948) inspired by Beveridge's 1942 report on the 5 giants of Public Health. This has clearly had a the great impact on our nation's Public Health as it remains in place today. Although Bevan faced opposition by doctor's



relusing to be employed by the government, as they could work freely and charge their own rates, Bevan clearly won over the ~~the~~ hearts and minds of the voters as the NHS was put into action. It can be argued however, that without Beveridge's report the cradle to grave idea would not have been thought of. Furthermore if the vote wasn't given to the working class, the NHS may not have been founded as it was them who required a free medical service of this kind. Bevan's 1951 resignation over charging prescription fees shows how he wanted a free service, and this contradicted the rights he felt people had.

ResultsPlus
Examiner Comments

There is an excellent understanding of Chadwick's role in 19th century public health shown in this essay.

The candidate correctly explains why Chadwick became involved and shows the limitations of his work in that the 1848 Act was permissive, rather than mandatory.

There is a good evaluation of his importance in the recognition that other factors such as cholera epidemics and Pasteur's germ theory might well have prompted public health reforms, even without Chadwick's work.

There is also good understanding of Bevan's importance, explaining how his work built on the Beveridge Report but that he was personally responsible for overcoming much of the opposition from doctors.

The conclusion then explicitly compares their importance and explains the conclusion that Bevan's work had a more concrete impact on health and life expectancy.

Despite the long paragraph on the first page, spelling, punctuation and grammar are generally accurate and the ideas are clearly expressed.

Level 4

+ 3 SPaG

ResultsPlus
Examiner Tip

Candidates should ensure the conclusion explains the reasons for the judgement made, instead of simply stating that one was more important than the other and summing up their respective importance.

(b) In 1848 Edwin Chadwick was appointed as one of the three commissioners on the General Board of Health. This was because he had written reports on the life of people living in the slums and the cholera outbreaks because of a lack of hygiene or clean water. His work helped to improve the lives of thousands of families stuck in poverty in the slums.

Aneurin Bevan introduced the National Health Service (NHS) to Britain when he became the Minister of Health. Many doctors opposed Bevan's creation of the NHS because it meant they couldn't charge their patients large sums of money. The NHS would allow people to go to the doctors for free, and pay one fixed price for any medication. This meant thousands of people could be treated, who before couldn't afford it. However, in 1951 Bevan resigned as the Minister of Health when prescription charges were introduced. This is because he had promised Britain that the NHS services would be

((b) continued) free and that they wouldn't have to pay for anything. Although this is a negative aspect to Bevan's NHS, people across Britain had still voted for the NHS to be created. I think Aneurin Bevan played the more important role in improving public health because he introduced the NHS which is still running today. It allows people to get the help and treatment for a fraction of the cost they had to pay beforehand. Chadwick helped improve the lives of the people living in really severe poverty, but Aneurin Bevan helped the whole of Britain, by creating the NHS.

ResultsPlus
Examiner Comments

This answer is descriptive. It explains what each man did and describes the context but there is little explicit explanation of why this was important until the end.

There is also limited specific detail offered to support the comments made.

Spelling, punctuation and grammar are generally accurate, with good use of apostrophes. However, apart from the introduction, this answer is one long paragraph.

Level 2

+ 2 SPaG

ResultsPlus
Examiner Tip

Paragraphs are an important way of identifying separate points.

Paper Summary

Spelling, punctuation and grammar

Poor handwriting is an increasing problem and this is not simply on the final question. When marks are being awarded for spelling, punctuation and grammar, it is important that examiners can identify capital letters, commas, full stops and apostrophes, and correct spelling.

Spelling was often reasonably accurate although certain terms such as *laissez-faire* challenged students and 'definitely' was often misspelt as 'defiantly'.

Basic punctuation was usually accurate but apostrophes were frequently placed incorrectly and there were some very long sentences that lacked punctuation. A surprising number of students did not use capital letters for names; this was particularly noticeable in Q3, Q4 and Q6, when individual's names were not capitalised and Q5 when 'Romans' was often written with 'R' in the lower case ('r').

The most common grammar mistakes were 'must of' and 'he done' but there were also many casual and vernacular expressions such as 'majorly' and 'chucking wee and poo' into the streets in Q5 (b).

It is also worth noting that simple language, accurately used, is much more effective than attempts to impress the examiner with comments such as 'the Romans had a profound public health system'.

Conclusion

Examiners commented on the impressive answers seen, demonstrating good understanding of the concepts involved and supported by precise and wide-ranging knowledge.

Many candidates had clearly been very well-taught, both in terms of knowledge and in terms of examination skills. Other candidates had grasped certain key ideas or details but could not develop them in a way that answered the question.

The performance of candidates in this examination has highlighted the importance of the following points.

- Clear understanding of chronology and of the key features of each period
- Recognition of differing rates of change or the parallel aspects of change and continuity
- Secure knowledge of events or individuals named in the specification
- Answering the specific question asked
- Analysing the question and planning a structured response

Grade Boundaries

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