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Examiners' Report
June 2014

GCSE History B 5HB01 1A

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Introduction

Teachers should note that this is the final examination of this Unit in its current format. The 2015 examination will be based on the revised specification content and the examination paper will appear in the new format.

It was a pleasure to see improvements in areas where weaknesses have been previously noted, both in terms of knowledge and examination technique.

There were a number of areas such as opposition to Jenner's vaccination, the development of Salvarsan 606 or aspects of public health, where candidates clearly relished the opportunity to go into detail and many answers contained a good range of specific facts.

Examiners' reports also included references to 'impressive knowledge', well-structured analysis and 'outstanding' answers, and noted that answers often developed their explanation, using phrases such as 'this meant that ….'

However, the nature of this report means that many of the comments relate to areas where candidates seemed to find difficulties.

The sense of chronological context remains an important aspect of this paper since it is a Study in Development.

The relatively short timescale of Questions (Q) 3 and 4 meant that there seemed to be fewer cases where answers were weakened by invalid sequences of event.

Nevertheless, many candidates lost marks by including details that were outside the period of the question, particularly in Q2 and Q6 (b).

In terms of technique, there was a good understanding that in questions asking for evaluation, both sides of the issue should be discussed before a judgement is reached.

However, accurate and relevant supporting detail is needed – sometimes answers showed a good understanding of the issue but the supporting detail was so generalised that the answer remained in Level 1.

In answers requiring examination of change and continuity, candidates can usually analyse change well but there was a tendency merely to assert that there were elements of continuity.

Analysing the question is a crucial process in producing a good answer.

While the 'command term' suggests the appropriate structure of the answer, the candidate also needs to recognise the focus of the question, not simply the topic.

The 'prepared answer' was a notable factor in limiting candidates' marks in Q4 and Q6 (b).

In Q4, many answers focused on the role of science and technology in diagnosis and in Q6 (b) many answers provided a good analysis of government action in the second half of the nineteenth century.

Once again, examiners noted that many of the best answers to the extended questions showed signs of planning while other, equally knowledgeable, answers scored less highly because they failed to focus on the question or develop an argument.

In both Q5 and Q6, examiners commented that there was often very good analysis but lack of structure or focus on the question meant that answers did not offer evaluation and were therefore restricted to Level 3.

An approach of 'On the one hand .. On the other hand … ' followed by a judgement that there was 'significant change to some extent' or that the situation had changed 'somewhat' is not really evaluating the nature or extent of change.

A useful point to note is that when the question asks for 'key feature **S** ' or 'change **S** ', more than one example is expected in the answer.

In the same way, an answer covering a long period will need to include several examples or key events.

Unfortunately, a number of answers were restricted to the top of Level 2 or the bottom of Level 3 because there was no sense of a range of examples or of the whole period being covered in the answer.

For example, in Q4 there were a number of ways in which science and technology affected treatment but most answers focused on a period of 30 years covering the development of magic bullets and antibiotics; in Q6 (a) many answers described either the early or late twentieth century, rather than the whole period.

Currently the bullet points are factual statements, intended to act as a stimulus and to point candidates towards key aspects of the question.

Candidates are not required to use these facts. Indeed, candidates should not try to do so if they do not understand how the facts are related to the question and if they cannot add something to the bullet point.

In future examinations there will only be two bullet point headings; candidates are not required to include both of them in their answer but they MUST include an additional aspect from their own knowledge to achieve the highest marks.

Time management seemed to be good because there were relatively few blank answers and few where the candidate was clearly running out of time.

There also seemed to be fewer candidates who wasted time taking extra paper to write long answers on Q1.

It was interesting that some examiners commented that in Q5 and Q6, some candidates had clearly answered part (b) first and then ran out of time on part (a).

Question 1

This question asked about changes in the understanding of illness and most answers easily identified changes from the idea of the Four Humours to a scientific understanding based on the Germ Theory.

Unfortunately some candidates wrote about changes in treatment or changes in the use of technology – this was not what the question asked and could not be rewarded.

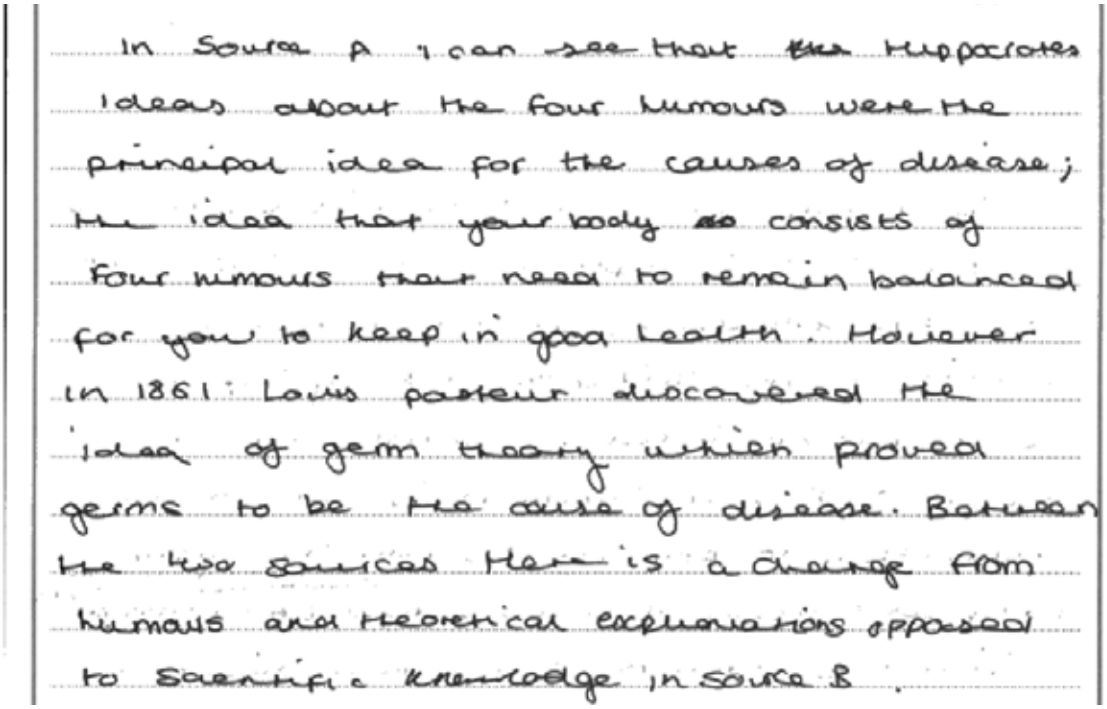
A number of answers also referred to the Four Humours as a supernatural or superstitious belief which suggests a lack of understanding on this issue.

Where candidates did not score full marks it was usually because they stated an inference without showing how it was based on the content of the two sources taken in combination or they commented on the sources individually but did not explain what change had been identified.

Relatively few simply described the source content.

However, a number of candidates used the sources as stimulus and wrote about wider changes in the understanding of disease.

In future examinations, this question will be worth 8 marks and additional own knowledge that helps to explain the context of the sources or the inferred change, will be required.



In Source A I can see that the Hippocrates ideas about the four humours were the principal idea for the causes of disease; the idea that your body consists of four humours that need to remain balanced for you to keep in good health. However in 1861 Louis pasteur discovered the idea of germ theory which proved germs to be the cause of disease. Between the two sources there is a change from humans and theoretical explanations opposed to Scientific knowledge in source B.

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Examiner Comments

This answer remains at Level 1 because change in understanding of illness has not been inferred. In addition, the answer brings in own knowledge about the ideas of Hippocrates, which is not mentioned in Source A.

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Examiner Tip

The best answers often start by saying what inference has been made and then referring to specific details in each source to show how that inference has been reached.

Candidates need to check the question carefully to make sure they are making inferences that relate to the question.

(4)

Source A is describing Hippocrates the founder of 'The Four Humors' he thought that there were four substances in your body 'blood, phlegm, black bile and yellow bile' and in order for you to remain healthy they had to be balanced. ~~Source~~ later Source B is showing Louis Pasteur working on the 'Germ Theory' this was a theory that Germs caused disease and he understood that it was caused by the air around us. Both of these sources show great progress in understanding (Total for Question 1 = 4 marks) illness. However Pasteur had an advantage as he gathered many ideas from other physicians. Galens ideas were more supernatural.

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Examiner Comments

This answer refers to Hippocrates, who is not mentioned in Source A, but then makes a clear explanation that understanding of illness has shifted from a 'theoretical' idea about the Four Humours to an understanding of germs based on scientific knowledge. This is all that is needed for Level 2.

ResultsPlus
Examiner Tip

This answer is based clearly on the two sources but Source B is not named in the answer. Make it easy for the examiner - name the sources as you use them.

Question 2

The choice of the 'decline in the influence of the Church' in this question was more popular and generally answered better than the option about 'the development of printing'.

However, a key point to note in Q2 is that candidates need to look at the question focus and not simply the choice of topics in the boxes.

A number of candidates produced good explanations of the importance of the Church's influence on medicine, writing about the situation during the Middle Ages and the dominance of Galen's ideas.

A number used Roger Bacon as an example of the Church inhibiting scientific enquiry.

This was sometimes the prelude to brief comments about how the situation changed when the Church's influence declined but sometimes it seemed that candidates failed to recognise the focus on the Renaissance context and the decline of the Church's influence.

Others did focus on the decline of the Church's influence but did not explain how this affected medical training.

Level 3 answers often covered a good range of points, explaining why the decline in the Church's influence allowed dissections and experiments to be carried out, which then improved medical knowledge of anatomy and physiology and also allowed Galen's ideas to be challenged.

Some answers also explained the development of universities outside Church control; others pointed out that while medical knowledge and training was becoming more scientific, it had little direct impact on understanding of illness and treatment and therefore limited impact on training.

Candidates who chose 'the development of the printing press' often did not seem to score as highly.

Many had a good understanding of how important the shift was from manuscript to printed texts and illustrated books but failed to support these comments with specific details.

Therefore, many answers were generalised comments about how books could be produced quickly and relatively cheaply, ideas could be spread more quickly or the fact that everyone could read the same work without errors being incorporated.

Other answers had excellent details about the works of Vesalius or Harvey, showing the importance of the illustrations in Vesalius' work when dissections were performed by the lecturer's assistant, or the importance of Harvey's illustrations allowing others to reproduce his experiments, but failed to make the link to the effect on medical training.

There were also mistaken comments for both options about how understanding and/or treatment of disease improved as a result and some invalid examples of 'Renaissance' individuals, such as John Hunter or Louis Pasteur.

Some answers tried to include nursing as part of medical training and tried to make a link between medieval hospitals and Florence Nightingale.

In the new format, Question 2 carries fewer marks and asks about the key features of an event, person or aspect of medicine.

There was a big ~~influence~~ decline in the influence of the church as many people believed that the only teaching that should be taught to medical students were from the theories of Galen and the hippocratic book written by the Greek God Hippocrates.

The church influenced people to only read Galen's ideas and not try to develop new methods like those given from Vesalius, Paré and Harvey. They believed that only Galen was right and it went against the catholic religion to think otherwise.

Medical training was affected as throughout the ~~ra~~ renaissance period the church heavily opposed any other idea that did not follow the hippocratic ideas. They believed that their ideas explained medical training and

didn't agree on the ideas of

Changing years of medical teachings

ResultsPlus
Examiner Comments

This is a Level 2 answer - although it recognises the focus of the question, it has limited detail.

The first paragraph is confused and the rest of the answer is about the Church's influence.

Renaissance individuals are named but no further detail is offered.

There is an attempt to link the answer to the emphasis in the question on medical training.

during the Renaissance period.

Choose **one** and explain why it was important. (9)

read others work (not Galens)

The development of printing

dissections allowed

A decline in the influence of the Church

spread knowledge widely available. more could read. read more

The development of printing and the invention of the printing press in 1454 affected medical training significantly.

Primarily, the books and texts publish became widely available. This is known as the work of Vesalius was able to be read globally, even if it did have a limited impact. By the books being more available, ordinary people were able to read it and gain ideas and more knowledge about anatomy. In addition, other scientists were able to read others publishings, this would have increased knowledge. It impacted medical training as students were able to read other texts, other than Galen's work which was still being taught. However the Church did still control the majority of the books being read.

Moreover, ~~it allowed students to broaden their knowledge~~ by the late periods of the Renaissance, books, such as William Harvey's "An Anatomical Account of the Motions of Blood in Animals", had been published. This allowed students to explore new ideas and theories. By this time, many illustrations of human dissections were included

in the books, so students could improve their knowledge.

Finally, it would've influenced the medical students to experiment and argue against different theories. This is known by Vesalius' "The Fabric of the Human Body" as it may have inspired students to test other theories that Galen proposed to increase medical knowledge. By the Late Renaissance, many medical schools would not have been teaching the same theories of Galen, but would've expanded to increase the anatomical knowledge of the students.

ResultsPlus
Examiner Comments

This is a Level 3 answer. It recognises the focus in the question and uses knowledge about printed works during the Renaissance period to show how medical training moved away from the works of Galen.

Question 3

This was a far more popular choice of question than Q4 and candidates were clearly confident about the work of Jenner. There were very few Level 1 answers and it was also very pleasing to see that most candidates recognised the focus of the question on opposition to Jenner and not simply on his development of vaccination.

Even when students did provide a description of Jenner's work, they usually went on to explain why there was opposition – but time had been wasted and such answers often did not develop the relevant points in sufficient depth for high marks.

Most answers used the three bullet points with varying degrees of explanation and added detail.

Some did little more than repeat the bullet point in their own words but many could explain the relevance of the bullet point.

It is important to remind candidates that they need to develop and use the bullet points: generalised reasoning is not enough.

However, there was a lot of good contextual knowledge included, with a number of answers referring specifically to the Gillray cartoon and the Anti-Vaccination League.

Candidates were generally clear that inoculators were losing business and therefore profits, but they did not always explain what inoculators were doing, why people preferred vaccination or how that meant that inoculators lost custom.

Unfortunately some candidates lost marks because they were confused between inoculation and vaccination and therefore their statements were invalid.

The Royal Society's rejection of Jenner's report was usually linked to the fact that he could not explain why vaccination with cowpox created immunity against smallpox.

However, comments here lacked precision – Jenner did prove that his vaccination worked and he did explain how he had developed and tested his ideas but, in the period before the germ theory, he did not understand how disease was spread.

Another common mistake was to state that Jenner's vaccination cured smallpox.

There was some slightly confused context in the way answers often assumed the Church had a direct influence on society in the way that it had during the Middle Ages or that ordinary people were heavily influenced by the Royal Society.

The contamination of samples was not often well-developed, with a number of candidates assuming that Jenner had contaminated the samples but some were able to explain how Jenner was blamed for the failure of vaccination when it was carried out by careless doctors.

The emphasis in the question was on 'so much' opposition and it was pleasing to see how many students brought in additional reasons for opposition to vaccination.

The role of religion was often mentioned, with the explanation of the idea that vaccination interfered with God's plan and was opposed by the Church; the idea that it was unnatural to use a disease caught from animals to cure a human illness was also included.

The cost of vaccination was also mentioned, general reluctance to change and an unwillingness to accept a new and unusual idea from a country doctor without the backing of the Royal Society.

Examiners noted that there were a lot of Level 3 answers which showed the scale of opposition and some excellent ones that identified different reasons for opposition from specific groups, rather than referring generally to 'people' or 'society'.

Even before Jenner's vaccination, many of the upper class would have themselves innoculated against smallpox, after Lady Montague observed the process in Turkey. Unfortunately, many British doctors did not carry out the innoculations properly, and those who attended the 'smallpox parties' would often still contract it. This created a lack of trust in innoculation and vaccinations, which carried on to Jenner's work.

Even those with little previous experience of vaccination often were not fond of the idea of, not only being injected, but given a disease. This was excaserbated by Jenner's inability to explain why the vaccinations worked, as the germ theory had not yet been discovered. This lack of explanation also led to mistrust from the scientific community, for example, the Royal Society rejecting Jenner's theory in 1797

Even though Jenner produced and published guides on how to properly vaccinate, ~~many~~ some doctors still made mistakes ~~a~~ administering vaccines, or the cowpox samples became contaminated with smallpox, and the vaccination would not help people. These mistakes painted Jenner's ideas in an extremely poor light.

~~When the the government finally accepted~~

As Jenner's ideas became more generally accepted, the government began to offer free vaccinations against smallpox. Though people were no longer so suspicious of Jenner's idea, as it was no longer so new and strange, Jenner ~~he~~ now started to face opposition from doctors who, unlike Jenner, did not want vaccinations to be freely available. & Some ~~profit~~ much prefered the large profits they were able to previously make charging for vaccinations.

ResultsPlus
Examiner Comments

This is a good example of a Level 3 answer. A number of reasons for opposition to Jenner have been explained and the answer is particularly strong in the way it shows links between different points, building up a clear sense of 'so much opposition'.

ResultsPlus
Examiner Tip

When the question has an emphasis, for example 'so much opposition', several reasons will be expected in the answer.

Edward Jenner was a key figure as he discovered how to prevent smallpox disease by being caught by the public.

Edward Jenner found a vaccination for small pox when he took an interest in milkmaids who ~~sta~~ had cowpox ~~both~~ but were Strangely immune to Small pox. One day Jenner tried an experiment where he took a sample of ~~Smallpox Cowpox~~ pus from the sores of a milk maid and inseited in a nine year old boy called James Phipps. ~~He~~ James then ~~he~~ was injected with smallpox. This made him immune to smallpox as he never ~~did~~ caught the disease later on. A vaccination was now made for people to become immune to Smallpox.

Jenner became world famous when his work was acknowledged and received appraisal from the government for his work. The goverment paid him tens of thousands of pounds which equates to millions in the present day. Even Native Americans thanked him for finding a cure to smallpox by sending him a gift.

However, this discovery did not please everyone and many people opposed to Jenner's vaccination of smallpox.
In the eighteenth Century, many people paid to be inoculated to prevent themselves from having smallpox but now that Jenner had found a vaccination people opted to take this approach instead meaning doctors were losing out on money and many felt their livelihood was being taken away from them.
Another way in which people opposed to Jenner's vaccination of Smallpox was that many people felt uncomfortable about being injected with a disease from cows and didn't like the thought. Reports of cowpox samples being contaminated with smallpox made people even more critical of Jenner's theory of vaccination.

ResultsPlus
Examiner Comments

This is an example of a typical Level 2 answer. The student has good knowledge about Jenner but does not select the details that are relevant to this specific question. It is only on the second page that it begins to answer the question and providing irrelevant detail on the first page has wasted time.

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Examiner Tip

Highlight key words in the question or write a brief plan to ensure the answer stays focused on the question.

Question 4

Although this question was less popular than Q3, there were still many students who answered it.

Candidates seemed fairly confident writing about examples such as Salvarsan 606 and penicillin but a number of additional examples were brought into the answers beyond those suggested by the bullet points, in good answers.

However, some candidates seemed to be writing a prepared answer to a different question on science and technology because answers did not always focus on the treatment of illness.

A number of examples related to diagnosis, such as the use of endoscopes, X Rays and MRI scanners, without showing how this led to improved treatment.

Some answers attempted to weigh the importance of science and technology against other factors such as war, government or individuals but this question did not ask 'how important', which would have required an evaluation; rather it asked 'why was science and technology important', which needed a focus on the impact of science and technology and therefore an answer looking at other factors was inappropriate.

The NHS and surgery make good use of both science and technology in treatment but answers that focused on the NHS tended to be very generalised and remained at Level 1.

Some answers wrote about Jenner, Pasteur and Koch, which was out of period for this question and the development of vaccinations was irrelevant here.

Similarly, the development of the printing press was not a suitable example of twentieth century technology and candidates should be clear that microscopes were improved, but not invented, in this period.

An error that has been noted in the past is that candidates often assume gene therapy is standard practice and that treatment is available for genetic illness, whereas this is not yet the case and therefore the story of Crick, Watson, Franklin and DNA had only limited relevance in a question on treatment.

Students who study the Surgery option in Unit 3 should be discouraged from trying to use that knowledge in this paper.

In this case, some candidates attempted to use their knowledge of developments in surgery treating injuries during the First World War but much of this was inappropriate since the question was about the treatment of illness. Comments about surgery for heart disease. organ transplants or cancer would have been relevant but were rarely made.

The development of magic bullets, including the work of Behring, Ehrlich and Hata, Domagk and Prontosil, and the development of penicillin, including the story of Fleming, Florey and Chain, were well known, although the role of science and technology or the link to treatment, were sometimes left implicit or it was simply stated at the end of a descriptive paragraph that this was an example of science and technology making treatment 'better'.

The roles of science and technology are clearly linked and many answers tended to treat them as a single factor.

However, when the question identifies two themes, answers do need to ensure they have covered both of them in order to gain high marks.

Good answers made this distinction, discussing the role of scientific investigation and knowledge in identifying blood groups, chemical methods of blood preservation, the role of science in the work on magic bullets or the development of penicillin, showing the importance of using chemical dyes, scientific experiments and chemical compounds in

Salvarsan 606, or studying bacteria in the development of penicillin.

The role of technology was also highlighted, with the technology for blood depots and transfusions, the improvements in microscopes and freeze-drying techniques being identified.

Yet even when answers discussed the use of technology in the mass production of penicillin, they did not always explicitly make the link to the question and explain how mass production was an important aspect of treatment.

Kidney dialysis has been used as a bullet point in a previous paper so it was surprising that a large number of students appeared to think this was used for diagnosis.

Although there were attempts to develop the bullet point and explain that dialysis technology was keeping patients alive when they had kidney failure, few answers offered further examples of this role of technology in treatment, such as pace-makers, hip or knee replacement or the use of asthma inhalers.

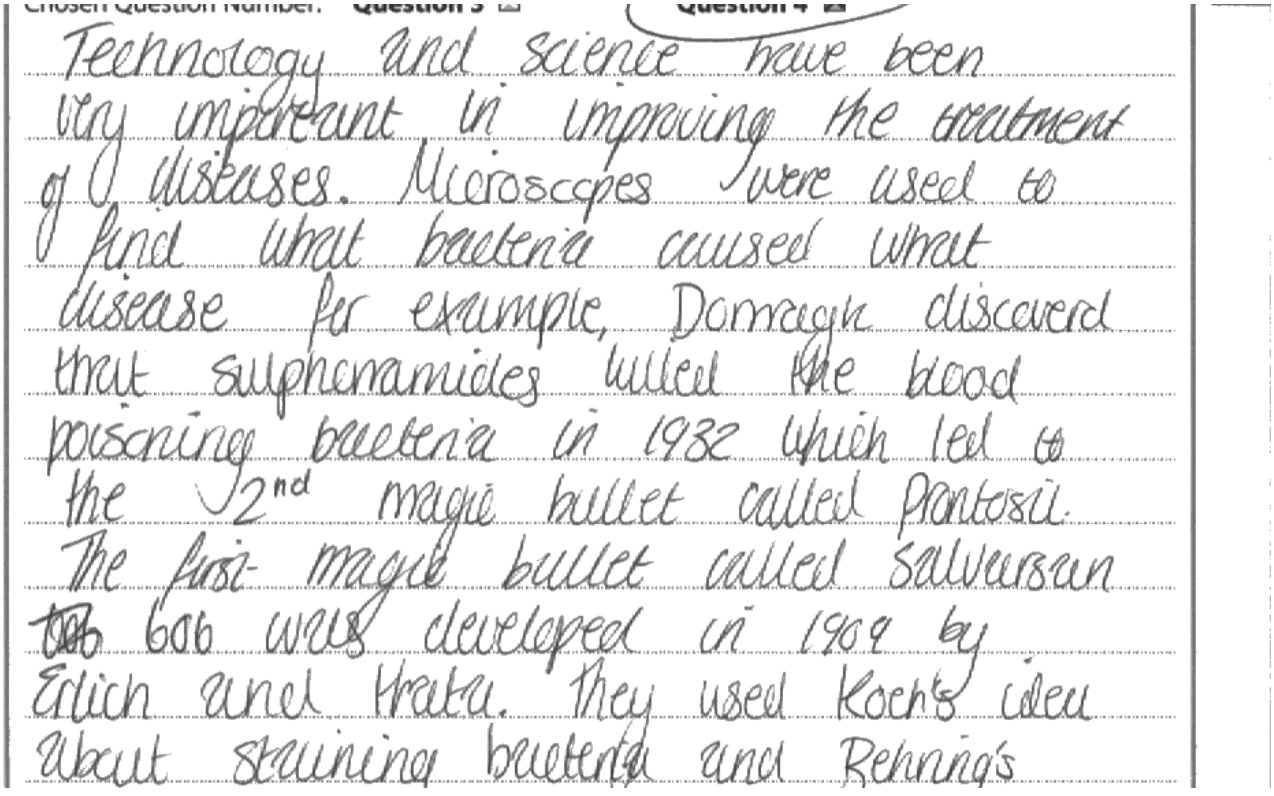
In the same way, some answers explained the importance of organ transplants and stated the importance of science in developing the drug to prevent rejection but did not add further comments about the role of science and technology in carrying out these transplants.

The best answers recognised the focus in the question on the importance of science and technology and on improved treatment.

They tended to discuss the role of science separately from that of technology and also showed the importance of science and technology in day-to-day treatment such as blood transfusions, insulin, standardised dosage pills, etc as well as more specialised treatment such as chemotherapy and radiotherapy.

This question had a larger number of answers scoring Level 1 than other questions.

Yet top scoring answers were truly impressive and wide-ranging, incorporating a great deal of additional knowledge into a well-structured answer.



Technology and science have been very important in improving the treatment of diseases. Microscopes were used to find what bacteria caused what disease for example, Domagk discovered that sulphonamides killed the blood poisoning bacteria in 1932 which led to the 2nd magic bullet called Prontosil. The first magic bullet called Salvarsan 606 was developed in 1909 by Erlich and Hata. They used Koch's idea about staining bacteria and Rehning's

idea about 3 antitoxins killing bacteria to produce a dye which killed bacteria.** Microscopes were used to discover bacteria that caused different diseases such as, ~~septicemia~~ ~~TB~~ TB in 1882 which led to the vaccine in 1906. The bacteria for diphtheria was discovered in 1891** and the free vaccine for it was in 1938. Joseph Salk developed the vaccine for polio in 1954 so, technology was very important because it prevented people from getting diseases.

X-rays were ~~pro~~ discovered in 1895 by Röntgen and they were used during World War one, ~~1914~~ 1914 – 1918 to detect broken bones and bits of shrapnel which saved many lifes so ~~techn~~ technology and science were very important. The x-rays were used to help Crick and Watson discover the double helix shape of DNA in 1953 which led to the Human Genome project in 1990 ~~about~~ to discover the genes in chromosomes which led to the discovery of hereditary conditions. Therefore technology and science were important at improving the treatment of illnesses because they led to many new discoveries which saved people's lifes.

In 1901 Karl Landsteiner discovered the 3 blood groups A, B and O. In

1907 the first successful blood transfusion was carried out by Reuben Ottenburg which saved peoples lives. The first heart transplant was in 1967 and Immunosuppressant drugs were produced to stop the body ~~rejected~~ rejecting the organ transplant.

To conclude, technology and science were extremely important in improving the treatment of illnesses because new specialist equipment such as kidney dialysis machine was made which helped treat diseases. X-rays helped discover new ways to treat illnesses and, technology and science saved peoples lives.

*1 by Behring

*2 In 1928 Alexander ~~Flemming~~ Fleming came across penicillin because it killed the staphlococci which was Science an Chance because it was done by accident.

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Examiner Comments

This answer has good knowledge of scientific and technological developments in medicine but it fails to reach Level 3 because it is not focused on explaining how each development improved treatment.

An additional problem is that some of the examples are out of period.

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Examiner Tip

This answer could have been Level 3 easily, if only the candidate had linked each point back to the question, for example with the phrase 'which meant that treatment improved because ...'

One big role of Science and technology in improving the treatment of illness since 1900 is during the discovery of DNA. Without the technology of Rosalind Franklin's Crystallography to show the structure of DNA, Crick and Watson wouldn't have been able to make the alterations to their model that they needed to. Crystallography went they could as it showed a picture of DNA showing what it really looked like ~~this~~. This development meant that genetically inherited diseases ~~could~~ could be treated effectively due to the knowledge of their origins.

Another major role of Science and technology as ~~x-rays~~ ~~though~~ ~~as~~ ~~first~~ ~~was~~ ~~invented~~ before 1900 they were only properly developed ~~for~~ ~~the~~ ~~first~~ ~~world~~ ~~war~~. The x-ray the development of radiotherapy. This was huge for improving the treatment of illness as it effected one of the deadliest illnesses known to man, cancer. It allows doctors to target specific cancerous cells and destroy them. This prevents the spread of the disease around the body and is a life saving piece of technology. A vast improvement than the less effective treatments of cancer before it

The development of penicillin had a huge impact on improving treatment and Science and technology played their part. Although the initial discovery of penicillin by Alexander Fleming was largely due to chance when a mould attacked microbes Fleming had kept in a petri dish. It took alot of Scientific knowledge to develop it so it was ready for commercial use. Howard Flowey

and Ernst Chain developed upon the discovery of Fleming. The main problem they had to overcome was the lack of penicillin available, they used science to overcome the issue, finding that it stored in red food dye the penicillin could breed. This was huge in improving treatment of illness as penicillin could treat many different diseases and its impact was significantly erased by Florey and Chain not patenting it.

Overall I think science and technology played a huge role in the three discoveries mentioned and in improving treatment overall. Without the technology DNA would've been modelled wrongly which could've prevented alot of progress in both the discovery and treatment overall. Radiotherapy relied solely on technological advances and, although not as much as the other two, science did play a big role in the development of penicillin.

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Examiner Comments

Despite beginning with a section on DNA and being less wide-ranging than the previous answer, this one scores more highly. It links the examples explicitly to improvement in treatment and it gives a valid example of technology (radiotherapy) and of scientific knowledge (the development of penicillin).

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Examiner Tip

Being able to use and adapt information to fit the question is important in examinations. This does not mean writing a descriptive paragraph then adding the statement that 'this is an example of ...'; it means seeing things in different contexts and thinking about how details could be classified in different ways.

Question 5

Centres are reminded that the separate extension study does not exist in the revised specification.

The content of the extension studies has been revised and incorporated into the main specification content.

The 16 mark question is now a stand-alone question and any question can be set on any part of the specification.

Question 5 (a)

Q5 has traditionally been less popular than Q6 but this year there were slightly more answers to Q5.

Most students found this question straightforward and answered confidently.

Medicine in the home, mainly consisting of herbal or folk remedies, was clearly described.

Some candidates added details about the role of physicians, apothecaries, midwives, wise women and barber-surgeons. A few also differentiated between the care in the home available to the rich and the poor.

The majority of candidates also recognised the double thrust in the question and covered the care available in medieval hospitals, with an impressive number providing detail about the situation in monastic hospitals, the use of herbal remedies, the effects of the provision of food and rest, the attitude of 'care not cure', the presence of a priest but not necessarily a doctor and the fact that seriously ill people would not be admitted.

A pleasing number of candidates also identified different types of hospitals such as monastic hospitals, lazar houses, pest houses and alms-houses.

However, the importance of a sound understanding of chronology is shown in the fact that some candidates wrote about unhygienic hospitals and nurses, describing the situation in the nineteenth century and the work of Florence Nightingale, which could not be credited.

There was also some confusion with the Roman period, where answers stated that the father was responsible for care and treatment within the home.

Some answers failed to score highly because they went into great detail about treatment, especially the Theory of Opposites, focusing on describing this, rather than the wider range of care available, or distinguishing between the home and hospital.

Here again, students need to be reminded that if the question has a double focus, both aspects must be covered for high marks.

The opposite problem was also true – that students failed to score highly because their answer was correctly focused but undeveloped, for example simply stating that the woman of the family would use herbal remedies to care for sick people, or listing the range of care available.

Question 5 (b)

Roman public health is always well known and candidates can write confidently abut Roman aqueducts, sewers, public baths and the role of the government.

Candidates are also very clear that the standard declined after the Roman withdrawal from Britain and that public health structures collapsed.

However, the idea persists that the decline was very abrupt and that medieval people were too stupid to maintain the structures and actually preferred to be dirty.

Very few answers saw any positive aspects of medieval public health or recognised that problems arose because of the growth of towns during this period.

A number of answers included out-of-period detail, possibly attempting to use the bullet points from Q6 (b).

In many cases this meant that the comments they made about change or continuity were invalid and such answers often remained at Level 1.

Some candidates were able to use the bullet point about England becoming rival kingdoms to explain why the government did not focus on public health and many answers talked about the attitude of government non-intervention. They tended to use the term 'laissez-faire' but the general points made were valid: that taxes were not available to fund public health schemes and that people did not expect the government to take action on such issues.

The third bullet point, about fines being used to prevent littering, was usually seen as a sign that the government was taking action on public health issues.

Some answers gave other examples, such as fines for medieval butchers who did not remove the entrails and carcases of the animals or fines for people relieving themselves in public.

However, many answers could not develop this bullet point and there was little examination of the nature or extent of change, since it seemed to be felt that measures against littering were almost equivalent to the Roman provision of a public health infrastructure.

Many answers jumped straight from the Romans to the detail in the third bullet point about 1345 but some began in 1345 and worked backwards to the Romans.

Such answers tended to be very descriptive, focusing on the two end points of the question and usually analysing changes in the standard of public health rather than the role of government.

This approach usually remained in Level 2 and the level of detail tended to be far better on the Roman period than on the Middle Ages.

Some answers also remained in Level 2 because, as with Q4, the candidate wanted to write about various factors affecting public health rather than examining change in the role of the government.

Better answers reached Level 3 because they focused on change linked to the role of the government. Typically, they compared the standard in these two dates and explained the decline in terms of changes in government attitude or ability to fund public health measures. There were some knowledgeable candidates who failed to score highly because of poor technique, when they described Roman public health in their first paragraph, medieval public health in their second section and only reached Level 3 in their conclusion when they identified change. Nevertheless, candidates had clearly been taught about good structure in the answer because many did try to look at both sides of the issue but they lacked the knowledge to support their comments.

Good answers recognised that medieval local authorities often tried to improve the standard of hygiene in towns although very few could give additional details such as the role of gong farmers, provision of public toilets, the Little Conduit in London, Edward III's order that London be cleaned up in 1349 or the Sanitation Law in 1388.

However, too many candidates did not think about the bullet points and place them in the context of their own additional knowledge; instead they accepted the law against littering in 1345 as proof of improved standards of public health. Orders about quarantine, the leper's bell and prayers were also appropriate when discussing the attempt to deal with infectious disease but orders relating to the Black Death were frequently confused with the plague epidemic in London in 1665, the red cross on the door and killing cats and dogs.

Some students also pointed out that the public health issues applied to towns rather than villages, which had not been affected by Roman measures or a subsequent decline in public health.

A number of Level 4 answers looked at the role of the government in different strands of public health, examining change and continuity in the provision of water, then in the removal of sewage etc.

These answers understood that there were elements of continuity in that government (both central government in the person of the king and local authorities) tried to deal with public health issues but were less effective than the Romans.

A small number of answers identified elements of continuity in the availability of water, public toilets, and public baths/medieval stewes but change in the fact that most of these had shifted from central government funding and organisation under the Romans to provision by local authority or private individuals.

The focus in the question on 'how much change' meant that evaluation of the nature or extent of change was needed for Level 4 and the number of answers which provided this evaluation was, as always, relatively small.

However, examiners commented that there were some impressive answers seen that created an argument running throughout the answer.

Frequently these high level answers showed clear signs of planning, for example a structure which covered big changes, small changes and then continuity.

Such answers usually weighed the extent of change and continuity but many also considered the changing nature of the role of government and people's expectations of government provision.

Some particularly strong answers recognised that Roman public health was aimed at the army and towns and therefore the role of government was not as wide-ranging as is often assumed.

It has been noticed in previous papers that the topic of medicine and public health during the Saxon and Norman periods is not well known and candidates should also note that cholera did not exist in Britain until 1831.

(a) During the middle Ages there were various types of care available [redacted] for the sick.

There were hospitals around in the middle ages, but they were too care for the elderly rather than look after the sick. Most hospitals were held in churches or monastries as youid go there before you were about to die as it was a very religious based. But youid have priests or nuns looking after you as opposed to doctors today.

If you had a disease or illness youid ring a bell as you walked the streets to warn people. But if you didnt live at home, then youid go into a lepar house or elms house where youid go to recover. If there was lots of people in one town who had diseases then nobody would be allowed to leave or enter the town until the epidermic was gone. If you was rich you may have stayed at home and a doctor would come to you and looked after you. However it would have been costly

((a) continued) because not many people would have wanted to do home visits as it wasnit convinient to do so. They also tried to get more public baths and toilets up and running. However allot of this was only accesible to the rich, which was highly unfair on everyone else.

ResultsPlus
Examiner Comments

This is a Level 2 answer. It has a clear explanation of the role of monastic hospitals and also includes detail on lazar houses but it does not address the other element of the question - care in the home.

ResultsPlus
Examiner Tip

Always check that you have covered each aspect of the question.

(a) In the middle ages, wives and and mothers would often often treat the sick at ~~on~~ home using herbal remedies passed down through generations. Women had a big role in caring for the sick in their homes. People would also get potions and remedies from the wise woman of the town, who had a deep ~~in~~ knowledge of herbs and treatments or perhaps they would see the travelling Quack, who would provide them with medicines and 'cures' that people would pay for. In the home ~~there~~ there was also the option of praying to God to beg ~~of~~ God for giveness, as many thought they were being punished ~~hard~~ by God for their sins or their loyalty was being tested. Hospitals were usually in convents, ~~or monasteries~~. The nuns would look after the sick but would not treat them as they believed it was punishment from God. The patients could listen to mass in the chapel next to the ward and pray for to God ~~for~~ for forgiveness. The ~~round~~ nuns would provide the patients with food and a bed, to give them comfort.

(b) In the Roman period, the Government played a big role in public health schemes in Britain. Funding was provided to build public baths to improve the hygiene of society and sewage systems so ~~most~~ waste was dispersed ~~of~~ of in order to make the streets ~~more~~ cleaner and more hygienic. The Government knew in the Roman period that the soldiers in the towns needed to be be fit and healthy to go out to war, so a huge

emphasis was placed on a healthy diet and life-style. A Roman system in London provided fresh water to thousands of people. In the Roman period, the role of religion in medicine was not nearly as profound as in the middle ages. After 410AD, England became a number of rival king-doms, which meant there was less of a central government to implement public health schemes. After the Romans left Britain, in the early middle ages, a lot of the sewage systems, aqueducts and baths fell to ruins. However, there were still public stewes where the public bathed together, and latrines were developed. Many of the rich would have their own latrines that ran to a cesspit and their were also public latrines. The local author-ities, however, were not expected to raise taxes to improve public health in towns and cities and the king and central government were not expected to improve public health standards. The

((b) continued)

public were expected to clear up the streets and people had to pay to get their cesspits emptied. However, as the middle ages developed, the Governm-ent became more involved in keeping towns and cities clean. By-laws were put in place by local authorities that fined people for throwing litter in the streets. By-laws were also put in place to stop animals from being allowed in the streets. If an outbreak of disease occured, The central government often organised days of prayer where everyone would

and pray in the hope that the disease would be gotten rid of. The government would also order barrels of tar to be burned in the streets to try and get rid of the bad ~~a~~ air (miasma) that was causing the disease.

Overall, in the Roman period the Government had a big role in public ~~he~~ health in towns and cities, this ~~bu~~ then was ~~to~~ lessened significantly after the Romans left Britain, ~~ag~~ many however, as the middle ages continued, the Government and local authorities ~~played~~ played a bigger part in public health.

ResultsPlus
Examiner Comments

Part (a) is a Level 3 answer because it explains both care in the home, carried out by the woman of the family using herbal remedies, and also care in hospitals, provided by nuns.

Part (b) is Level 4. Not only is the answer focused on the role of government throughout but it is also focused on change - and the conclusion, showing changes in the scale of government involvement in public health, addresses the question 'how much change'.

ResultsPlus
Examiner Tip

Write in paragraphs to make it clear that you have covered each aspect of the question.

(b) The Roman government was excellent at public health - they had aqueducts bringing in clean water to every major city, meaning that everyone had clean drinking water, therefore it wouldn't spread illnesses like cholera, and people would stay healthy.

They also had bath houses and sewerage systems to keep the drinking water hygienic and the water in the bath houses was replaced weekly, so every one would be clean.

However, after the collapse of the Roman empire in 410 AD, the country reverted back to warring kingdoms with no proper government, where much of the population was illiterate, and there was noone to maintain the aqueducts and sewers, so they fell into disrepair and society prioritised war over public health, so the progress in public health provision went significantly backwards.

However, it did get marginally better in the middle ages. Monks, nuns and the rich had proper sewers and clean water, but the population in the cities many people threw their bodily waste into the street because there weren't any proper sewers, however in 1345, London did increase the tax for dropping another litter

((b) continued) in the street. Although going farmers might clean the streets up, and sell the solid waste to farmers as fertiliser, the streets were still messy. It didn't really change from the dark ages, because the government didn't see it as a priority.

Overall, there was a change in public health, but there wasn't any improvement after the Romans left, because the Roman government saw public health as a priority, so they could have a stronger army.

However in the other two - health wasn't as much of a priority as it was for the Romans, so public health wasn't as good.

ResultsPlus
Examiner Comments

Part (b) in this answer is on the borderline between Level 2 and Level 3. Most of it is typically Level 2, an information-led response: it describes Roman public health and narrates the changes after the Roman withdrawal. Just at the end, the answer identifies a change in the role of government.

ResultsPlus
Examiner Tip

Analysing the question and writing a brief plan to keep your answer focused is never a waste of time. A short, focused analytical answer is better than a long, detailed but descriptive one.

Question 6

Centres are reminded that the separate extension study does not exist in the revised specification.

The content of the extension studies has been revised and incorporated into the main specification content.

The 16 mark question is now a stand-alone question and any question can be set on any part of the specification.

Question 6 (a)

It was pleasing to see that many more candidates than in previous years could give detailed examples of government action in the early twentieth century, usually explaining the National Insurance Act, free school meals and Midwives Act.

Improved access to medical care was also covered although some included the establishment of the NHS without showing how it related to the focus on making people's lives healthier.

The campaigns of the later twentieth century also seemed very well known, with the no smoking, safe sex, and healthy eating campaigns most commonly identified and the impact explained, for example

'*smoke can build up in a child's lungs over time, therefore [with the no smoking campaign] many people will be healthier'*

In addition, some answers also made reference to action about pollution, 'Homes for Heroes' and free vaccinations.

Many answers showed that access to medical care made it possible to deal with health problems before they became serious but some answers were not properly focused, such as explanations of government funding of the development of penicillin or answers that did not focus on the role of the government.

Examiners noted that a common problem was writing about the establishment of the NHS and becoming side-tracked into explaining the opposition from doctors.

It was particularly satisfying to see a high number of answers covering the whole period, including the Liberal reforms, vaccination campaigns and the campaigns of the late twentieth century.

In many cases there was also a good sense that specific measures only targeted certain groups, for example the National Insurance Act only covered working men whose employers contributed to the scheme – their families and other workers were still unprotected.

The most common problem was where the answer focused on the nineteenth century – even though the question said 'since 1900'.

Examiners felt that this was usually because students did not have much own knowledge and were attempting to use the bullet points from Q6 (b).

In some cases, this was done as a prelude to explaining how the situation improved after 1900 but these answers were often unbalanced.

Where answers remained in Level 2 it was usually because they listed examples of government action without explaining the impact and how it made people's lives healthier.

Question 6 (b)

Nineteenth century public health is a well-known and favourite topic but students often appear to have very generalised knowledge of the early period of this extension study and consequently many candidates seemed to have difficulty with this question.

Many of the comments in Q5 (b) also apply here, for example the lack of detail about public health during the Middle Ages, the tendency to describe the 'bookends' of the period in the question without analysing the whole period, the tendency to compare the standard of public health in the Middle Ages and the mid-nineteenth century rather than analyse the role of the government and also the way that answers structured chronologically often failed to answer the question until the conclusion.

Limited detail was offered about public health in the late Middle Ages and most candidates simply repeated the bullet points before going into detail on the Public Health Act of 1848.

Too many candidates did not think about the bullet points and placed them in the context of their own additional knowledge; instead they accepted the law against littering in 1345 as proof of improved standards of public health.

There was also a tendency to assert that medieval governments followed a policy of laissez-faire and that the Church held back progress.

Nevertheless, in most cases, answers were able to identify continuing problems of access to water, removal of sewage and poor living conditions in towns but the supporting detail was very unbalanced.

There was good knowledge of the role of Chadwick but many did not recognise that James I personified the government in the early seventeenth century.

Although a number of answers referred to public health problems connected with cholera and infectious diseases in the nineteenth century, fewer than expected discussed the government role in dealing with the plague in 1348 and 1665, smallpox vaccination or the tax on gin.

Those who did include dealing with infectious diseases were often able to show a change from the government's reactive policy, where they acted only in times of crisis, to a more pro-active policy by the nineteenth century, where it was accepted that conditions did need to be improved.

They also often identified continuity in the ineffectiveness of government action due to lack of understanding about the cause of disease.

The 1848 Act was well used with candidates using its permissive nature to say that the role of the government had not changed or explaining how it was a turning point in the role of the government and the start of a series of measure to improve public health.

Since the question gave c1850 as the end date, comments about Snow, the Great Stink and Bazalgette were accepted if they were being used to place something in context, for example the link between contaminated water and cholera not being recognised until Snow's work, or that the removal of sewage was only improved after parliament had been directly affected during the Great Stink.

Analysis of changes in the government role based on such later developments was not credited.

Where answers started at 1848 and described late nineteenth century public health reforms, the approach did not address the question.

Candidates generally explained that there was little change for much of this period and they tended to characterise the government attitude as one of laissez-faire throughout.

Good answers often noted the change from a system mainly organised by local authorities or private individuals to a nationwide issue, receiving the attention of parliament.

The growth of towns during the Industrial revolution and the increase in the voting population were usually seen as prompting this change of role.

However, some answers wanted to analyse the role of different factors and compared the importance of individuals with the role of government, which missed the focus of the question on evaluating change and continuity.

A number of examiners commented on the importance of planning, stating that some answers with good knowledge offered a confused line of argument, contradicting earlier statements, whereas others with less specific detail but a better structure and focus, could score more highly.

Since 1900 the government has tried to Make people's Lives healthier Since 1900. In Many way.
One way in which they did this was through liberal reforms, for example, they gave children free school meals in 1906 and In 1908 they gave pensions to retired people. This improved peoples lifestyle and diet.
Another way the Government tried to make peoples lives ~~keep~~ lives healthier is ~~throo~~ through the National Health Service (NHS). The NHS was brought out in 1948 and It allowed Poor People to be treated for free. By doing this, it meant that everyone was available to free health care ~~and~~ which ~~mean~~ improves the death rate.
The Government also tried to improve peoples health with the royal Society. This was where people could go and train to become doctors.

ResultsPlus
Examiner Comments

Part (a) is a Level 2 answer.

It offers valid examples of government action but it does not explain how those actions made people's lives healthier.

ResultsPlus
Examiner Tip

This student would have reached Level 3 if they had developed each of their points, for example using the phrase 'which meant that ...'

Teachers often use the formula PEE (Point, Evidence, Explanation) to remind students to explain why each piece of evidence helps to answer the question.

(a) There are many ways in which the government tried to help peoples lives since 1900. One of the first groups of people they wanted to tackle was Children. The first Publicke Health ace they were given was in 1901 when they were allowed access to free school meals and free milk, which made peoples lives healthier due to the fact they were recieving at least one warm and nutrious meal every day. As well as this in 1912 they were given access to free health treatment which meant that they could be treated for any problems they were having. Many other acts were passed to help children, As well as this
Other groups of people wer made healthier for example the workers publicke Health act which allowed them a sick pay and time off of work when they were ill. This made them healthier because it allowed them to successfully get back to full strength before they continued work. Also the old age pensions act of 1908 was put forward which allowed pensioners to recieve money so they could pay for health treatment if neccesary.

finally one of the biggest and best things the Government did to make peoples lives healthier since 1900 was to set up the NHS in 1948. Thanks to Bevan and the Government this allowed all people of all ages to recieve free health care when necessary which obviously improved health care and made people healthier as they could now be treated

for any problem they had and hopefully make a full recovery. Before the NHS was set up 8 million people in Britain had never seen a doctor, so when looking at Public Health the NHS made huge impact on improving the health of people's lives across Britain.

ResultsPlus
Examiner Comments

This answer starts well by identifying the groups targeted by government action.

It covers both the Liberal reforms and the creation of the NHS and in each case the explanation is clear of how this made people healthier.

ResultsPlus
Examiner Tip

Make sure you cover the whole period in your answer - this stops at 1948 and doesn't mention the government campaigns about smoking, safe sex, healthy eating etc in the later twentieth century.

(b) Around c1350, the middle ages, the government was active, not proactive and therefore they only did something if they were forced to, by an event.

The state of public health at the time was awful, as people threw sewage into the streets or into the rivers, from where the got drinking water. People had no idea of hygiene, as they barely bathed at all and the Church urged them not to bathe once they had been baptised, which didn't help matters.

Water couldn't be brought in easily due to no proper system, and nor could sewage be disposed of properly due to no proper sewage system. There were open sewers that often leaked into the streets and further increased the amount of waste on the streets.

All of this, the government did nothing about because it was made up of rich people who the matters barely affected, and who didn't care about the poor, as well as thinking that the poor should solve their own problems. On the other hand, the poor themselves didn't want the

((b) continued) government to get involved as they would have had to pay more taxes, if they were to get involved.

This all, slowly, begin to change due to the

occurrence of cholera and the plague; diseases which thrived in such an unhygienic and dirty environment.

First was the occurrence of the plague, it killed millions but didn't urge government to do anything about public health and they couldn't do much either, as they didn't know what caused it. The plague of 1665-1666 killed hundreds of thousands of people, even though the government had tried to quarantine the illness, and it only ended with the Great Fire of London in 1666.

After this, the public health remained its old awful state, until cholera came in 1831. This affected both the rich and the poor, and the government set up of Boards of Health to prevent it, which they later closed as cholera had ended. However, cholera had caused the government to hire Chadwick to look into the sanitary conditions of the poor, which he published 1842 but couldn't get the government to do anything about it even though, the report shocked the government.

ResultsPlus
Examiner Comments

Despite the occasional inaccuracy and exaggeration, part (b) of this answer is firmly focused on the role of the government throughout this period.

It also explains the changing nature and scale of government intervention in terms of changing public attitudes and expectations, and therefore reaches Level 4.

ResultsPlus
Examiner Tip

Candidates do not have to use the bullet points in the question. In this case, they highlighted three key areas of government action: rubbish, access to clean water and national legislation.

However, this answer makes little use of the bullet points in the question and focuses on another valid point - dealing with infectious diseases.

(b) Between the years of 1350 and 1850 the governments role in public health had changed massively and I am going to argue that the government had a positive effect on public health.

The government in 1345 decided to increase the fine for throwing litter in the street and in hindsight this was ~~not~~ not a massive advancement on the way to improving public health. Infact it could be considered as @ an attempt to prove public health but it just wasn't as advanced as the progress made in the mid 1800's.

Also in the 14th century illness was thought to of been created by an imbalance in the four humours and the Church would condem anyone who went against the ideas of Galen. The church disallowed dissection which meant that doctors could not get the training they needed to be able to ~~the~~ treat the ill.

((b) continued) Also in 1797 the royal society rejected edward jenners report about his theory of vaccination, which ended up being a massive advancement in public health. The government were reluctant to accept theories that they did not believe could be correct as doctors were already being paid to inoculate people which did work but not as well as vaccination.

On the other hand in 1848 the gavemment introduced the pulolic health, which was not compulsory, which stated that working conditions had to of been of a certain standared and this was influenced by Chadwick who believed that bad working conditions caused illness. The public health act then became compulsory 1875 which stated that clean water had to be provided and regular breaks were also essential.

ResultsPlus
Examiner Comments

This is a weak answer which barely includes relevant information on government action before 1848.

It seems to be trying to use the bullet points about opposition to Jenner from Q4 - these are irrelevant here although government support for Jenner and compulsory vaccination would have been an excellent point to include.

Only the final paragraph is properly focused on the role of government in public health.

ResultsPlus
Examiner Tip

It is unlikely that the bullet points in another question will be helpful, even if they seem to be about the same topic.

Paper Summary

Spelling, Punctuation and Grammar

On the whole, errors in spelling did not detract from understanding the candidate's answer. The most frequent errors were *Versailles* for *Vesalius* and interesting variations on *laissez-faire*. The most common error in punctuation was the misuse of the apostrophe and there were a surprising number of answers that lost marks for basic errors such as not using capital letters correctly. The main problems in grammar were either comments such as 'he done' and 'would of' or long sentences that did not make sense. The failure to write in paragraphs noted in some answers not only lost 'spag' marks but also undermined any sense of structure or analysis. Candidates should also avoid abbreviations such as 'ph' for public health or 'govt' for government.

Handwriting continued to pose problems for the examiners – not merely in the assessment of spelling, punctuation and grammar but in the understanding of the content of the answer. It is common for handwriting to deteriorate towards the end of the examination but candidates need to remember that an examiner cannot award marks for something they cannot read.

Conclusion

There was a high number of answers displaying good knowledge and also producing answers based on good analysis of the question. It was clear that certain topics had been taught very well.

Based on their performances in this paper, candidates are offered the following advice.

- An accurate understanding of chronology continues to be vital not only in order for students to select and deploy appropriate detail in their answers but also to analyse change and continuity.
- In the revised format, public health is now integrated throughout the period and it is particularly noticeable that students tend to have limited knowledge of the early Middle Ages and also the seventeenth and eighteenth centuries.
- Answers where key words have been highlighted in the question or a brief plan has been created are more likely to score Level 3 because they are focused on the question, rather than simply recognising the topic.
- Candidates should avoid reproducing an answer that they have written previously and should ensure that they answer the question that is set.
- For Level 4 answers a clear structure is vital. While many answers do try to do this, they often lack sufficient supporting detail to allow a proper evaluation of change against continuity.

It is unclear what effect the new format of bullet points will have. Currently, less able candidates are often able to achieve Level 2 because the bullet points remind them to cover several aspects of the question.

However, examiners feel that sometimes students forget that they do not have to use the bullet points, they find it difficult to incorporate something about which they are unsure and they fail to bring in additional relevant detail.

Less able candidates also tend to try to make use of bullet points in other questions, not realising that these will be from a different time period or about a different aspect of medicine from that in the question.

In the new format students **may** use the bullets points given but **must** include additional ideas to achieve high marks.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:

http://www.edexcel.com/iwantto/Pages/grade-boundaries.aspx

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