

Option 11: Medicine in Britain, c1250–present and The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

Medicine in Britain, c1250–present

The process of change

- In studying the content defined below in strands 1 and 2, students should understand how key features in the development of medicine were linked with the key features of society in Britain in the periods studied.
- They should develop an understanding of the nature and process of change. This will involve understanding patterns of change, trends and turning points, and the influence of factors inhibiting or encouraging change within periods and across the theme. The key factors are:
 - individuals and institutions (Church and government)
 - science and technology
 - attitudes in society.
- They should also understand how factors worked together to bring about particular developments at particular times.
- The selected case studies in strand 3 of each period exemplify, in context, the elements defined in strands 1 and 2. They provide opportunities to explore the operation of the key factors and to make detailed comparisons over time.

Re-formatting of 'process of change' section

We have put the factors into a bullet pointed list to make them more prominent.

c1250–c1500: Medicine in medieval England

1 Ideas about the cause of disease and illness	<ul style="list-style-type: none"> Supernatural and religious explanations of the cause of disease. Rational explanations: the Theory of the Four Humours and the miasma theory; the continuing influence in England of Hippocrates and Galen.
2 Approaches to prevention and treatment	<ul style="list-style-type: none"> Approaches to prevention and treatment, and their connection with ideas about disease and illness: religious actions, bloodletting and purging, purifying the air. , and the use of remedies. New and traditional approaches to hospital care in the thirteenth century. The role of the physician, apothecary and barber surgeon in treatment and care provided within the community and in hospitals, c1250–1500. <u>Medical training and traditional approaches to treatment and care for the sick: the role of the physician, apothecary and barber surgeon; the role of hospitals, care within the community and at home, including the use of herbal remedies.</u>
3 Case study	<ul style="list-style-type: none"> Dealing with the Black Death, 1348–49; approaches to treatment and attempts to prevent its spread.

Medicine in medieval England

Subtopic 1

We have removed Hippocrates to simplify teaching - Galen builds on Hippocrates's Theory of the Four Humours. It is Galen who is influential in medieval medicine, so it is not necessary for students to know about Hippocrates.

Subtopic 2

The changes here are to structure the content more logically and more explicitly.

- '*Use of remedies*' has moved from bp1 to the end of bp2, and the word '*herbal*' included.
- '*Medical training*' has been added to the start of bp2 - coverage of this was already implied because in the period 1500-1700 there is reference to '*improvements in medical training*', so this is now more explicit.
- '*New and traditional approaches to medicine*' amended to '*traditional approaches to treatment and care for the sick*'. Removing '*new*' makes clear that they do not need to know about any specific new developments; we have also combined '*treatment*' with '*care*' as in this period very often there was often little distinction between them, and often (e.g. in monastic hospitals) there was care without any real treatment; finally we added '*for the sick*' for clarity.
- We have removed reference to '*in the thirteenth century*', so that all of the content of bp2 applies to the whole period.
- We have moved reference to hospitals from the start of bp2 (approaches to care) to the middle of the bullet point.

c1500–c1700: The Medical Renaissance in England

1 Ideas about the cause of disease and illness	<ul style="list-style-type: none">• Continuity and change in explanations of the cause of disease and illness. A scientific approach, including the work of Thomas Sydenham in improving diagnosis. The influence of the printing press and the work of the Royal Society on the transmission of ideas.
2 Approaches to prevention and treatment	<ul style="list-style-type: none">• Continuity <u>and change</u> in approaches to prevention, treatment and care in the community and in hospitals.• Change in care and treatment; Improvements in medical training and the influence in England of the work of Vesalius.
3 Case studies	<ul style="list-style-type: none">• Key individual: William Harvey and the discovery of the circulation of the blood.• Dealing with the Great Plague in London (1665): approaches to treatment and attempts to prevent its spread.

The Medical Renaissance in England

Subtopic 2

We have reorganised these bullet points: '*change*' has been added to bp1, and '*change in care and treatment*' removed from bp2. This removes duplication and ensures that the two bullet points are more distinct: bp1 is about the practice of medicine, while bp2 is medical knowledge.

c1700–c1900: Medicine in eighteenth- and nineteenth-century Britain

1 Ideas about the cause of disease and illness	<ul style="list-style-type: none">• Continuity and change in explanations of the cause of disease and illness. The influence in Britain of Pasteur's Germ Theory and Koch's work on microbes.
2 Approaches to prevention and treatment	<ul style="list-style-type: none">• The extent of change in care and treatment: improvements in hospital care and the influence of Nightingale <u>on nursing and hospitals in Britain</u>. The impact of anaesthetics and antiseptics on surgery.• New approaches to prevention: the development and use of vaccinations and the Public Health Act (1875).
3 Case studies	<ul style="list-style-type: none">• Key individual: Jenner and the development of vaccination.• Fighting Cholera in London (1854); attempts to prevent its spread; the significance of Snow and the Broad Street pump.

Medicine in eighteenth- and nineteenth-century Britain

Subtopic 2

We have added '*on nursing and hospitals in Britain*' to make clear that the influence of Nightingale needs to be studied in relation to Britain, rather than her work in Crimea.

c1900–present: Medicine in modern Britain

1 Ideas about the cause of disease and illness	<ul style="list-style-type: none">• Advances in understanding the causes of illness and disease: the influence of genetic and lifestyle factors on health.• Improvements in diagnosis: the impact of the availability of blood tests, scans and monitors.
2 Approaches to prevention and treatment	<ul style="list-style-type: none">• The extent of change in care and treatment. The impact of the NHS and science and technology: improved access to care; advances in medicines, including magic bullets and antibiotics; high-tech medical and surgical treatment in hospitals.• New approaches to prevention: mass vaccinations and government lifestyle campaigns.
3 Case studies	<ul style="list-style-type: none">• Key individuals: Fleming, Florey and Chain's development of penicillin.• The fight against lung cancer in the twenty-first century: the use of science and technology in diagnosis and treatment; government action.

Medicine in modern Britain

No changes.

The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

The historic environment

1 The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

- The context of the British sector of Western Front and the theatre of war in Flanders and northern France: the Ypres salient, the Somme, Arras and Cambrai. The trench system - its ~~construction~~ and organisation, including frontline and support trenches. ~~The use of mines at Hill 60 near Ypres and the expansion of tunnels, caves and quarries at Arras.~~ Significance for medical treatment of the nature of the terrain and problems of the transport and communications infrastructure.
- Conditions requiring medical treatment on the Western Front, including the problems of ill health arising from the trench environment. The nature of wounds from rifles and explosives. The problem of shrapnel, wound infection and increased numbers of head injuries. The effects of gas attacks.
- Medical treatment on the Western Front. The work of the RAMC and ~~FANY~~ nurses. ~~The system of transport~~ Transport in the chain of evacuation: stretcher bearers, horse and motor ambulances. ~~The stages of treatment areas~~ Stages of treatment areas in the chain of evacuation: aid post and field ambulance, dressing station, casualty clearing station, base hospital. The underground hospital at Arras.
- The significance of the Western Front for experiments in surgery and medicine: new techniques in the treatment of wounds and infection, the Thomas splint, the use of mobile x-ray units, the creation of a blood bank for the Battle of Cambrai.
- The historical context of medicine in the early twentieth century: the understanding of infection and moves towards aseptic surgery; the development of x-rays; blood transfusions and developments in the storage of blood.

British sector of the Western front

Bullet point 1

We have simplified the teaching by removing unnecessary detail:

1. We have removed reference to '*construction*' of the trench system.
2. We have removed the sentence about the use of mines at Hill 60 and the expansion of tunnels, caves and quarries at Arras.

Bullet point 3

1. We have added the words '*Medical treatment on the Western Front*'. This does not add any content, but it helps act as a heading that summarises what is covered in the rest of this bullet point.
2. We have changed '*FANY*' to '*nurses*', which is a broader and less specific term.
3. We have changed '*The system of transport*' to '*Transport in the chain of evacuation*'; again this does not alter what needs to be taught, but just clarifies the purpose of transport. For the same reason we have added '*in the chain of evacuation*' to '*Stages of treatment...*'.

2 Knowledge, selection and use of sources for historical enquiries

- Knowledge of national sources relevant to the period and issue, e.g. army records, national newspapers, government reports, medical articles.
- Knowledge of local sources relevant to the period and issue, e.g. personal accounts, photographs, hospital records, army statistics.
- Recognition of the strengths and weaknesses of different types of source for specific enquiries.
- Framing of questions relevant to the pursuit of a specific enquiry.
- Selection of appropriate sources for specific investigations.