

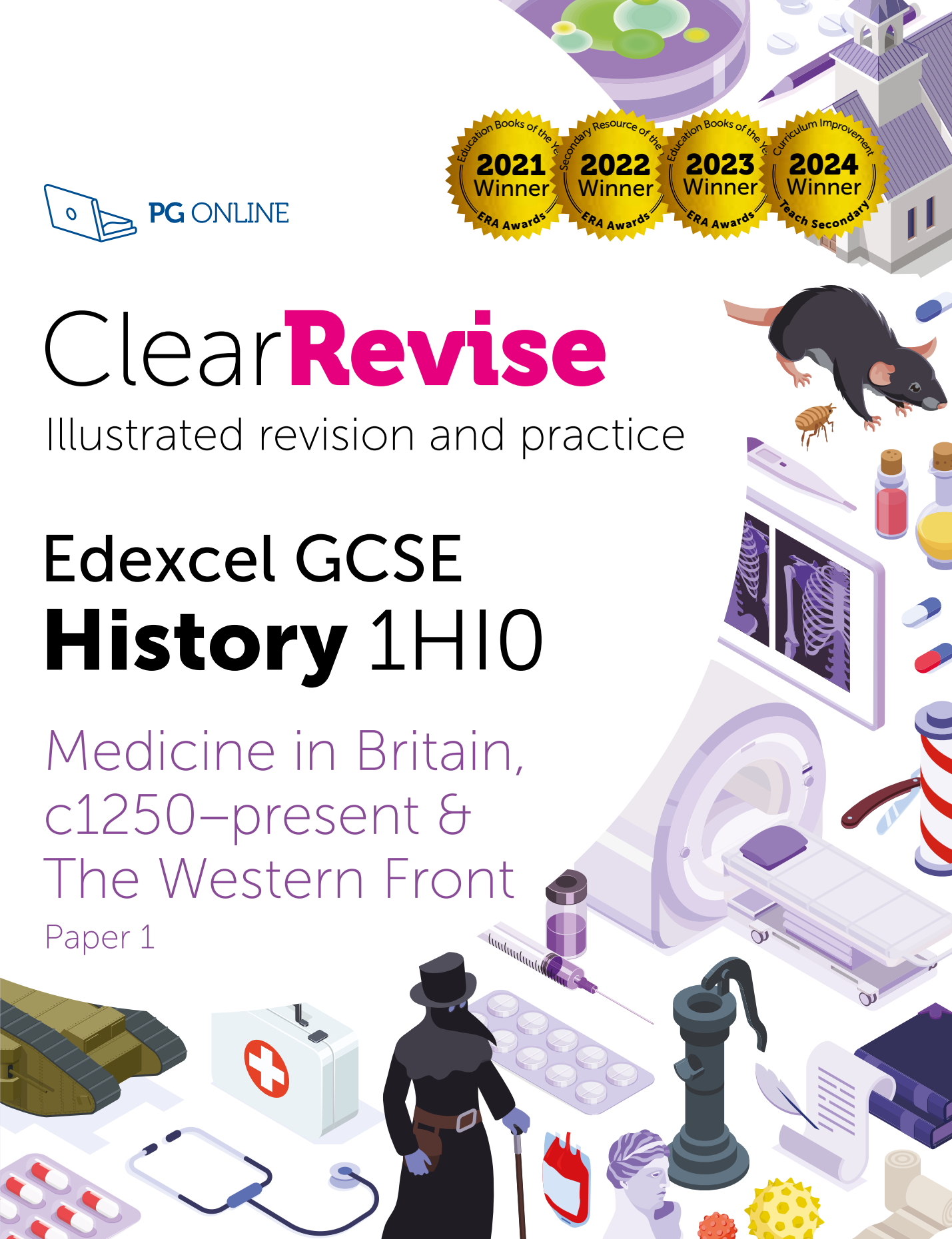
ClearRevise

Illustrated revision and practice

Edexcel GCSE **History** 1H10

Medicine in Britain, c1250–present & The Western Front

Paper 1





Edexcel GCSE

History 1HI0

Illustrated revision and practice

Option 11:

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

Published by
PG Online Limited
The Old Coach House
35 Main Road
Tolpuddle
Dorset
DT2 7EW
United Kingdom

sales@pgonline.co.uk
www.clearrevise.com
www.pgonline.co.uk
2024



PG ONLINE

PREFACE

Absolute clarity! That's the aim.

This is everything you need to ace Paper 1 and beam with pride. Each topic is laid out in a beautifully illustrated format that is clear, approachable and as concise and simple as possible.

Each section of the specification is clearly indicated to help you cross-reference your revision. The checklist on the contents pages will help you keep track of what you have already worked through and what's left before the big day.

We have included worked exam-style questions with answers. There is also a set of exam-style questions at the end of each section for you to practise writing answers. You can check your answers against those given at the end of the book.

LEVELS OF LEARNING

Based on the degree to which you are able to truly understand a new topic, we recommend that you work in stages. Start by reading a short explanation of something, then try to recall what you've just read. This will have a limited effect if you stop there but it aids the next stage. Question everything. Write down your own summary and then complete and mark a related exam-style question. Cover up the answers if necessary but learn from them once you've seen them. Lastly, teach someone else. Explain the topic in a way that they can understand. Have a go at the different practice questions – they offer an insight into how and where marks are awarded.

Design and artwork: Jessica Webb / PG Online Ltd

First edition 2022 10 9 8 7 6 5 4 3 2

A catalogue entry for this book is available from the British Library

ISBN: 9781910523 44 5

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THE SCIENCE OF REVISION

Illustrations and words

Research has shown that revising with words and pictures doubles the quality of responses by students.¹ This is known as 'dual-coding' because it provides two ways of fetching the information from our brain. The improvement in responses is particularly apparent in students when they are asked to apply their knowledge to different problems. Recall, application and judgement are all specifically and carefully assessed in public examination questions.

Retrieval of information

Retrieval practice encourages students to come up with answers to questions.² The closer the question is to one you might see in a real examination, the better. Also, the closer the environment in which a student revises is to the 'examination environment', the better. Students who had a test 2–7 days away did 30% better using retrieval practice than students who simply read, or repeatedly reread material. Students who were expected to teach the content to someone else after their revision period did better still.³ What was found to be most interesting in other studies is that students using retrieval methods and testing for revision were also more resilient to the introduction of stress.⁴

Ebbinghaus' forgetting curve and spaced learning

Ebbinghaus' 140-year-old study examined the rate at which we forget things over time. The findings still hold true. However, the act of forgetting facts and techniques and relearning them is what cements them into the brain.⁵ Spacing out revision is more effective than cramming – we know that, but students should also know that the space between revisiting material should vary depending on how far away the examination is. A cyclical approach is required. An examination 12 months away necessitates revisiting covered material about once a month. A test in 30 days should have topics revisited every 3 days – intervals of roughly a tenth of the time available.⁶

Summary

Students: the more tests and past questions you do, in an environment as close to examination conditions as possible, the better you are likely to perform on the day. If you prefer to listen to music while you revise, tunes without lyrics will be far less detrimental to your memory and retention. Silence is most effective.⁵ If you choose to study with friends, choose carefully – effort is contagious.⁷

1. Mayer, R. E., & Anderson, R. B. (1991). Animations need narrations: An experimental test of dual-coding hypothesis. *Journal of Education Psychology*, (83)4, 484–490.
2. Roediger III, H. L., & Karpicke, J.D. (2006). Test-enhanced learning: Taking memory tests improves long-term retention. *Psychological Science*, 17(3), 249–255.
3. Nestojko, J., Bui, D., Kornell, N. & Bjork, E. (2014). Expecting to teach enhances learning and organisation of knowledge in free recall of text passages. *Memory and Cognition*, 42(7), 1038–1048.
4. Smith, A. M., Floerke, V. A., & Thomas, A. K. (2016) Retrieval practice protects memory against acute stress. *Science*, 354(6315), 1046–1048.
5. Perham, N., & Currie, H. (2014). Does listening to preferred music improve comprehension performance? *Applied Cognitive Psychology*, 28(2), 279–284.
6. Cepeda, N. J., Vul, E., Rohrer, D., Wixted, J. T. & Pashler, H. (2008). Spacing effects in learning a temporal ridgeline of optimal retention. *Psychological Science*, 19(11), 1095–1102.
7. Busch, B. & Watson, E. (2019), *The Science of Learning*, 1st ed. Routledge.

CONTENTS

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

Key topic 1 c1250–c1500: Medicine in medieval England

Specification point

1.1.1	Supernatural and religious explanations of the cause of disease, c1250–c1500	2	<input checked="" type="checkbox"/>
1.1.2	Rational explanations of the cause of disease, c1250–c1500	3	<input type="checkbox"/>
1.2.1	Approaches to prevention and treatment, c1250–c1500	5	<input type="checkbox"/>
1.2.2	Medical training and traditional approaches to treatment and care	6	<input type="checkbox"/>
1.2.2	The role of hospitals, care in the community and at home	7	<input type="checkbox"/>
1.3	<i>Case study: The Black Death (1348–49)</i>	9	<input type="checkbox"/>

Key topic 2 c1500–c1700: The Medical Renaissance in England

Specification point

2.1.1	Continuity and change in explanations of the cause of disease, c1500–c1700	10	<input checked="" type="checkbox"/>
2.2.1	Continuity in approaches to prevention, treatment and care, c1500–c1700	13	<input type="checkbox"/>
2.2.1	Change in approaches to prevention, treatment and care, c1500–c1700	14	<input type="checkbox"/>
2.2.2	Improvements in medical training	15	<input type="checkbox"/>
2.3.1	<i>Case study: William Harvey</i>	16	<input type="checkbox"/>
2.3.2	<i>Case study: The Great Plague in London (1665)</i>	17	<input type="checkbox"/>

Key topic 3 c1700–c1900: Medicine in 18th- and 19th-century Britain

Specification point

3.1.1	Continuity and change in explanations of the cause of disease, c1700–c1900	19	<input checked="" type="checkbox"/>
3.2.1	The extent of change in care and treatment, c1700–c1900	22	<input type="checkbox"/>
3.3.1	<i>Case study: Jenner and the development of vaccination</i>	25	<input type="checkbox"/>
3.2.2	New approaches to prevention, c1700–c1900	26	<input type="checkbox"/>
3.3.2	<i>Case study: Fighting Cholera in London (1854)</i>	28	<input type="checkbox"/>

Key topic 4 c1900–present: Medicine in modern Britain

Specification point

4.1.1	Advances in understanding the causes of illness and disease, c1900–present	30	<input checked="" type="checkbox"/>
4.1.2	Improvements in diagnosis, c1900–present	31	<input type="checkbox"/>
4.2.1	The extent of change in care and treatment, c1900–present	32	<input type="checkbox"/>
4.2.2	New approaches to prevention, c1900–present	35	<input type="checkbox"/>
4.3.1	<i>Case study: Development of penicillin</i>	37	<input type="checkbox"/>
4.3.2	<i>Case study: The fight against lung cancer in the 21st century</i>	40	<input type="checkbox"/>
	Exam Practice	41	<input type="checkbox"/>

Key topic 5 The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

Specification point

5.1.1	The context of the British sector of the Western Front.....	42	<input type="checkbox"/>
5.1.2	Conditions requiring medical treatment on the Western Front.....	46	<input type="checkbox"/>
5.1.3	The work of the RAMC and nurses.....	48	<input type="checkbox"/>
5.1.3	The stages of treatment in the chain of evacuation.....	49	<input type="checkbox"/>
5.1.5	The historical context of medicine in the early 20 th century	50	<input type="checkbox"/>
5.1.4	Significance of the Western Front for surgery and medicine	52	<input type="checkbox"/>
5.2.1–2	Knowledge of national and local sources	54	<input type="checkbox"/>
5.2.3	Strengths and weaknesses of different sources for specific enquiries	55	<input type="checkbox"/>
5.2.4–5	Framing questions and selecting sources	57	<input type="checkbox"/>
Exam practice		60	<input checked="" type="checkbox"/>

Examination practice answers.....	62
Levels-based mark schemes for extended response questions	65
Index.....	68
Examination tips	73

MARK ALLOCATIONS

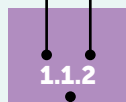
Green mark allocations^[1] on answers to in-text questions through this guide help to indicate where marks are gained within the answers. A bracketed '1' e.g. ^[1] = one valid point worthy of a mark. There are often many more points to make than there are marks available so you have more opportunities to max out your answers than you may think.

Higher mark questions require extended responses. Marks are not given as the answers should be marked as a whole in accordance with the levels-based mark schemes on **pages 63–65**.

Understanding the specification reference tabs

This number refers to the key topic. In this example, *Medicine in medieval England*.

This number refers to the subtopic. In this example, *Ideas about the cause of disease and illness*.



This number refers to the bullet point. In this example, *Rational explanations of the cause of disease*.

THE EXAM

Paper 1 is split into two sections: Section A and Section B. The questions follow the same format every year, so make sure you're familiar with them before the big day.

Q1 Section A — 'Describe one feature of...'

This question tests your knowledge of **key features and characteristics** of the period. Question 1 has two sub-questions, a and b, each worth 2 marks. For each, you need to identify one feature and provide supporting evidence.

Q2 (a) Section A — 'How useful are Sources A and B into an enquiry about...'

This question tests your ability to **evaluate two sources** and judge how useful they are for an **enquiry** (an historical investigation). The sources will be given in the exam, and you need to think about the sources' **provenance**: **when** the sources were created, **who** created them, **why** the sources were created and **what** the sources contain. You should evaluate the **usefulness** of the sources, as well as any **limitations** that they have, for example, a written source could be one-sided, or a photograph could have been posed. This question is worth 8 marks, and you need to evaluate both the sources to get top marks.

Q2 (b) Section A — 'How could you follow up Source A to find out more about...'

This question tests your ability to **analyse and use sources**. You will be asked to follow up one of the sources from Q2 (a). You need to suggest: a detail you want to follow up, a question you want to ask, a type of source you could use to answer your question and a reason why you have chosen this type of source. Your answer booklet will provide sentence starters to help structure your answer. You will be awarded one mark for each valid point, up to a maximum of 4 marks.

Q3 Section B — 'Explain one way the ... was similar/different to...'

This question tests your ability to recognise **similarities or differences** between two historical time periods by using your **knowledge and understanding**. There are four marks available for this question. You will receive two marks for identifying a similarity or difference, and two further marks for providing specific supporting information.

Q4 Section B — 'Explain why...'

This question tests your understanding of **causation** (**why** something happened). You need to use your own knowledge, but there will be two stimulus points to help you. To get top marks, you need to include information that goes beyond these stimulus points. This question is worth 12 marks, so make sure your answer includes sufficient detail.

Q5 or 6 Section B — 'How far do you agree...'

For the final question, you'll have the choice of two questions but you only need to answer one. Both questions will give a statement, and you need to say how far you agree with it. There are 16 marks available for the content of your answer, and you need to demonstrate knowledge of **continuity, change and significance**. You'll be given two stimulus points, but you also need to include your own knowledge to secure top marks. Your answer needs to reach a judgement and it must be justified with supporting evidence. There are 4 additional marks available for spelling, punctuation and grammar, so make sure you carefully re-read your answer at the end and correct any errors clearly.



TOPICS FOR PAPER 1

Option 11:

Medicine in Britain, c1250–present *and*
The British sector of the Western Front

Information about Paper 1

Written exam: 1 hour 20 minutes

30% of total GCSE

52 marks (16 for Historic Environment, 36 for Thematic Study)

Specification coverage

Thematic study

Key topic 1: c1250–c1500: Medicine in medieval England

Key topic 2: c1500–c1700: The Medical Renaissance in England

Key topic 3: c1700–c1900: Medicine in eighteenth- and
nineteenth-century Britain

Key topic 4: c1900–present: Medicine in modern Britain

Historic Environment

Key topic 5: The British sector of the Western Front, 1914–18:
injuries, treatment and the trenches

Questions

The paper is divided into two sections:

Section A Historic Environment: One question that assesses knowledge and
a two-part question based on two sources.

Section B Thematic Study: Three questions that assess knowledge and
understanding. There are two options for the
third question.

RATIONAL EXPLANATIONS OF THE CAUSE OF DISEASE, c1250–c1500

Rational explanations

The Theory of the Four Humours

An Ancient Greek doctor called Hippocrates developed the **Theory of the Four Humours**. He believed that:

- the human body contained **four humours**: blood, yellow bile, black bile and phlegm.
- each person had a different mix of these humours.
- when these humours became unbalanced, the person became ill.



Galen

Galen had been a doctor and surgeon in Ancient Rome. He developed Hippocrates' ideas and wrote a huge number of books. These included detailed diagrams of human anatomy that he had drawn when he carried out **dissections**. However, since Galen mainly dissected animals, a lot of his teachings about anatomy were wrong.

The books written by Galen were the basis for medical training thousands of years later in the medieval period. His ideas were thought to be universally correct, so it took a long time for his teachings to be challenged.

The miasma theory

The **miasma theory** was the idea that disease was carried by fumes or 'bad air'. It was an ancient idea that became increasingly widespread in medieval England and lasted into the 1800s. The Church approved of the miasma theory because they thought that being dirty and bad smells were a sign of sin, and this sin caused disease.

Factors for continuity

The dominance of the Church:

Most people didn't receive an education, so learning came from the Church which people visited every Sunday. Much of the population didn't question what the Church taught about illness.

Physicians (doctors) were trained at universities, but Oxford and Cambridge (the only universities) were run by the Church. Only books that agreed with the Church's ideas were available to students, such as the work of Galen.

The Church wanted people to focus on living a good life in line with its teachings. It was suspicious of anything that could challenge its authority.

Dissections of human bodies were outlawed by the Church, so knowledge of anatomy came from dissections of animals and incorrectly applied to humans.

The acceptance of old ideas and lack of new ones:

Most people didn't look for new ideas because they thought the old ones were correct.

Scientific understanding and technology weren't advanced enough for people to find evidence or proof of new causes of disease.

Explain why there was little change in the understanding of the causes of disease c1250–c1500.

You **may** use the following in your answer:

- the Theory of the Four Humours
- the teachings of the Church

You **must** also use information of your own.

[12]

Your answer may include:

The Theory of the Four Humours:

- *The Theory of the Four Humours had been around since Ancient Greece, and most people accepted that it was correct, so they didn't look for alternative explanations.*
- *The Theory of the Four Humours was approved by the Church, so students training to be physicians at Church-run universities were taught that it was correct, and there was no need to look for alternative explanations for the causes of disease.*

The teachings of the Church:

- *Most people attended church every week, and they were taught that disease was caused by God as a punishment for people's sins. This meant that most people didn't look beyond God for an explanation for the causes of disease.*
- *Oxford and Cambridge were the only two universities which trained physicians, and they were run by the Church. This meant that physicians were only allowed access to books which were approved by the Church, such as Galen.*
- *Human dissections were banned by the Church, so physicians could only rely on animal dissections to help them learn more about the body. This knowledge was often incorrectly applied to the human body.*
- *The Church did not want people to challenge its ideas or teachings.*

Other information:

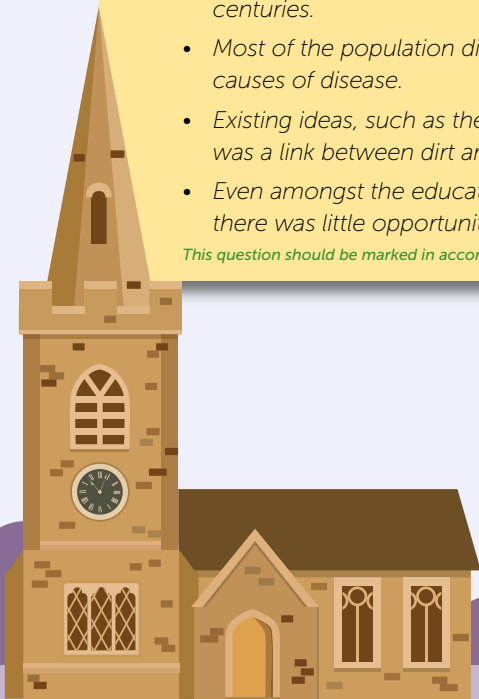
- *The teachings of Galen were thought to be correct, so no one challenged his ideas for centuries.*
- *Most of the population didn't have access to education, so they didn't question ideas about the causes of disease.*
- *Existing ideas, such as the miasma theory, seemed to make sense as people could see there was a link between dirt and disease.*
- *Even amongst the educated, there was limited advancements in science and technology, so there was little opportunity for people to learn and understand about the causes of disease.*

This question should be marked in accordance with the levels-based mark scheme on page 66.



Make sure your answer to this question is in paragraphs and full sentences. Bullet points have been used in this example answer to suggest some information you could include.

To get top marks you need to include information other than the bullet points in the question.



CASE STUDY

THE GREAT PLAGUE IN LONDON (1665)



The Great Plague of 1665 was the most significant outbreak of the plague since the Black Death. It was spread by bacteria carried by fleas, and killed about 100,000 people just in London.

Approaches to prevention and treatment

Rational beliefs and treatments

People still believed that plague was caused by **miasma**, so they lit bonfires and burnt tar. People carried herbs under their nose, hung them in their houses, or smoked tobacco to drive away miasma. Street cleaning increased.

Wealthy people, along with trained physicians, fled towns and cities. Ordinary people had to rely on plague doctors and quacks for treatment, which included rubbing buboes on to a bird in the hope of transferring the disease.

People were aware that the plague could be passed from person to person, so some stayed indoors and avoided people. They thought that the plague could be spread by touching an infected person's coins, so money was washed in a jar of vinegar.

Supernatural beliefs and treatments

The idea that the plague was caused by God, or the planets, persisted. People continued to pray and wear lucky charms.

The action of local councils

Councils took action to prevent the plague from spreading. The houses of plague victims were marked with a red cross and boarded up for 40 days. The councils employed **watchers** to monitor plague homes to make sure people didn't leave. Theatres were shut to prevent large gatherings, and local councils ordered stray animals to be killed. The border with Scotland was closed and trade between London and other towns was banned.

People fleeing urban areas contributed to the plague spreading across the country.

Killing stray animals meant that flea-infested rats spread the plague more easily without cats to catch them.



NEW APPROACHES TO PREVENTION, c1700–c1900

The development and use of vaccinations

Louis Pasteur, inspired by Jenner (see [page 25](#)) wanted to find more ways of preventing disease.

In 1879, chicken cholera was having a huge impact on French farming. Pasteur used Koch's methods to find the microbe that caused the disease. He instructed his team to inject the microbe into some chickens. One of Pasteur's team ran out of time before the laboratory shut down for the summer break. When he returned several weeks later, he injected his batch of chickens with the microbe anyway. The chickens injected with the microbe that had been exposed to oxygen did not die from the injection, unlike other chickens, and they did not become seriously ill from chicken cholera. Leaving the microbe had made it weaker, and injecting the weakened version gave the chickens a milder form of the disease but protected them from getting the disease severely in the future. Pasteur suggested that vaccines could be found for all diseases.

Further vaccines

Pasteur's team then developed vaccines for anthrax and rabies. In 1885, he tested his vaccine for rabies on humans. Other scientists then began work on developing vaccines for more diseases.

Factors for change

- Previous discoveries by Jenner, Pasteur and Koch.
- Improving technology, e.g. **syringes** were invented in 1853.
- Funding from governments and private individuals for continuing medical research.

Rabies vaccination given to a patient in 1885.



Explain **one** way in which ideas about preventing disease were different in 1900 from ideas in 1500. [4]

In 1500, many people believed that disease was caused by God so ideas about preventing disease were often based in religion.^[1] For example, people would pray, fast or whip themselves to try to prevent disease.^[1]

By 1900, thanks to Pasteur's Germ Theory, most people accepted that disease was caused by germs, so ways to prevent disease were more scientific.^[1] For example, Jenner's work on developing a smallpox vaccination led to government-funded vaccination campaigns to prevent the spread of smallpox.^[1]



This is just one example of a difference in disease prevention in 1900 and 1500. There are several other valid points that you could make.

The Public Health Act (1875)

In 1700, the government had very little involvement in public health, but by 1875 things had changed and the government passed a **Public Health Act** making it compulsory for towns and cities to provide **public health provisions**.

"Monster soup commonly called Thames water" (1828). People knew that dirty water contributed to illness.



Factors for change

- 19th century **epidemics** of deadly diseases such as **cholera** (see [page 28](#)).
- A report in 1842 by Edwin Chadwick suggested that poor living conditions contributed to poor health and lower life expectancy, especially in urban areas. The average life expectancy of a labourer in Manchester was 17 years old.
- **The Great Stink** (1858) — hot weather in the summer of 1858 caused filth in the River Thames to cause an awful smell in London, which led to calls to clean up the river and the introduction of a sewer network.
- A growing belief in **Germ Theory** due to the work of people like John Snow (see [page 19](#)).
- Changes to voting laws (1867) meant politicians needed the votes of working-class men who lived in more deprived areas.
- The **technology** of the industrial revolution, e.g. pumps and pipes.

The Public Health Act, 1875

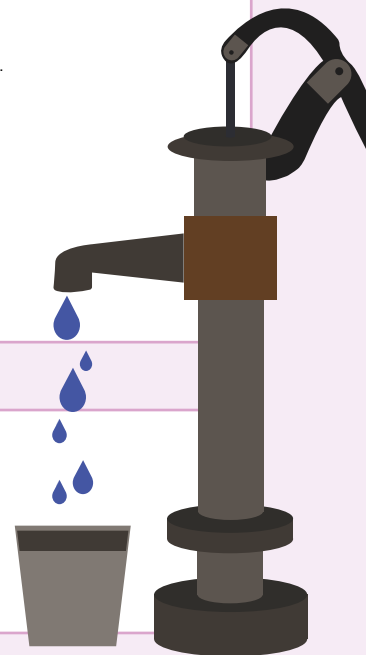
- Every local authority had to employ medical officers to monitor the health of people in that area.
- Every local authority had to employ sanitary inspectors to regularly check public health facilities.
- Local authorities were allowed to raise taxes to pay for public health provision.

By 1900, all towns and cities had:

- Clean water supplies
- Drains and sewers
- Public toilets
- Street lighting
- Regular rubbish collections and street cleaning.

Impact of the Public Health Act

The Public Health Act led to a reduction in the number of outbreaks of infectious diseases caused by poor sanitation, for example, the last cholera epidemic in Britain was in 1866. Following the Act, there was a reduction in the death rate, and life expectancy slowly improved. The Act also set a precedent for the government taking more responsibility for public health.



NEW APPROACHES TO PREVENTION, c1900–PRESENT

Since 1900, the national government has intervened in public health to improve living conditions and prevent illness.

Mass vaccinations

By 1920, many vaccinations had been developed but few people could afford them, except for those (such as smallpox see **page 25**) which were organised and paid for by local health boards.

The first nationally funded vaccination campaign was for **diphtheria** in 1940. By 1957, the number of diphtheria deaths had decreased from 3,000 in 1940 to just 6.

Since then, **mass vaccination** has helped prevent many diseases. A successful polio vaccine was introduced in 1956 and the disease was almost eradicated in Britain by the 1970s.

Government lifestyle campaigns

As more is known about how lifestyle factors can impact disease (see **page 30**), the government and the NHS have run **lifestyle campaigns** to try to educate people to make healthier choices. Campaigns use posters, information leaflets and TV advertisements. They have focused on:

- raising awareness of a disease and how to prevent it, e.g. AIDS: don't die of ignorance
- the dangers of certain activities, e.g. smoking
- the positive impact of certain activities, e.g. eating 5 a day

Charities also fund lifestyle campaigns. For example, Alcohol Concern runs a Dry January campaign to encourage people to give up drinking alcohol for a month.

Public health laws

In 1952, air pollution in London led to the **Great Smog**. It caused upwards of 4,000 deaths, as well as showing that air pollution could contribute to breathing difficulties, such as asthma and bronchitis. The government introduced the Clean Air Act, 1956 to try to control air pollution and improve air quality in towns and cities.

The NHS provides health checks and screening to spot signs that may cause illness and helps people to lose weight or give up smoking.



Explain why there has been progress in diagnosing illness since c1900.

You **may** use the following in your answer:

- blood tests
- the NHS

You **must** also use information of your own.

[12]

Your answer may include:

Blood tests:

- Doctors can use laboratory testing to diagnose a patient earlier and with greater accuracy. Blood tests can diagnose a huge range of conditions, for example, whether a person has cancer or a genetic disease.

The NHS:

- The NHS made healthcare freely available to everyone in the UK. It gave patients access to highly trained GPs, who can diagnose patients or refer them to specialists for further tests.
- The NHS also runs screening checks which means that people can be checked for diseases before they even display any symptoms. This helps to diagnose patients early.

Other information:

- Other laboratory tests can be used to check a person's urine or tissue to diagnose conditions.
- The discovery of DNA in the 1930s proved that some diseases are genetic, such as cystic fibrosis. This helped to diagnose inherited conditions. The discovery of DNA led to the Human Genome project which mapped DNA to learn more about how genes are linked to illnesses.
- In 1898, Beijernick discovered viruses. This allowed doctors to diagnose viral infections.
- Advancements in technology, such as the introduction of the x-ray machine in 1895, meant doctors could look inside a patient's body and diagnose illnesses without performing surgery. Other non-invasive scans, such as MRI and ultrasound scans, also help to diagnose patients.
- Doctors can also use monitors to check a person's blood pressure, as well as blood sugar levels and heart rate which can help to diagnose medical conditions.

This question should be marked in accordance with the levels-based mark scheme on page 66.



Make sure your answer to this question is in paragraphs and full sentences. Bullet points have been used in this example answer to suggest some information you could include.

To get top marks, you need to include information other than the bullet points in the question.



THE HISTORICAL CONTEXT OF MEDICINE IN THE EARLY 20TH CENTURY

Several medical breakthroughs happened in the years before the First World War, which allowed medical advancements on the Western Front.

Understanding infection and aseptic surgery

The discovery of Germ Theory (see **page 19**) and the work of people such as Florence Nightingale (see **page 22**) and Joseph Lister (see **page 24**) led to improved methods to prevent infection.

Antiseptic surgery, where germs were killed on or around wounds, laid the foundations for **aseptic** surgery, where germs were stopped from getting into the operating theatre at all.

By the 1890s:

- Medics wore rubber gloves, clean surgical gowns and caps, and regularly washed their hands. Patients wore clean gowns.
- All dressings and bandages were sterilised and regularly changed.
- **Neuber** and **von Bergmann** invented ways to sterilise the air of operating theatres over the heating system. Theatres were regularly, and thoroughly, washed with disinfectants.
- Robert Koch (see **page 20**) discovered that steam killed germs. His steam steriliser of 1878 was replaced with **autoclaves** (a sealed tank that could be heated to high temperatures) from 1881 to sterilise all surgical instruments.

Development of x-rays

X-rays, discovered by **Wilhelm Röntgen** in 1895 improved diagnosis. X-ray (radiology) departments opened in many hospitals from 1896. Early x-ray machines were large, heavy, fragile and slow, taking 90 minutes to x-ray a hand before needing to be left to cool down. This made their use limited. The health risks regarding harmful radiation levels were not yet understood.

British army operating theatre.



Scientist Marie Curie built on Röntgen's work to develop the use of radiation in medical treatment. She also invented 'petit curies' small, mobile x-ray units which were used to diagnose the wounded in the First World War.

Blood transfusions and storage

Many injuries caused blood loss and all surgery involved some loss of blood. This was a major problem because it could lead to **shock**, where the organs shut down, causing death. There had been some progress in trying to restore lost blood:

James Blundell (physician)

Developed **blood transfusion** techniques between 1818–29. The patient and donor were directly connected because blood clots when it leaves the body, so it could not be stored. Transfusions were rarely attempted during the 19th century because sometimes they were successful and sometimes they failed and nobody knew why.

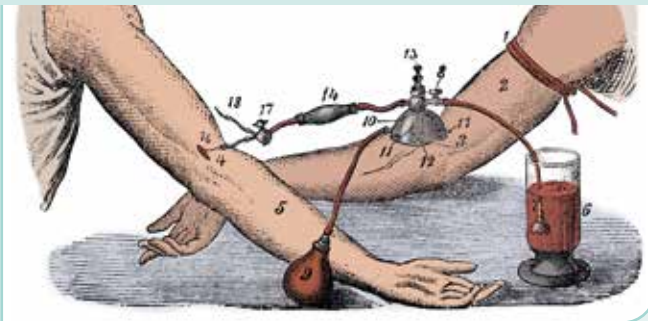
Almroth Wright

In 1894, he suggested certain acids could solve the issue of blood clotting and blocking transfusion tubes.

Karl Landsteiner

In 1901, he discovered blood types, including the universal Type O (a blood type that will be accepted by everybody). Until then, many patients received the wrong blood type and rejected the transfusion causing fever, kidney damage, and sometimes death.

Direct blood transfusion from 1876.



Blood transfusions were still rarely performed between 1901–15 because the right donor had to be found and had to sit with the patient while a transfusion was taking place. Blood could still not be stored.

Describe **one** feature of medical breakthroughs by the start of the twentieth century.

[2]

Joseph Lister's antiseptic surgery paved the way for aseptic surgery which was common by 1900.^[1] The operating theatre was regularly cleaned, instruments and bandages were sterilised and surgeons wore sterilised caps, gowns and rubber gloves which reduced the rate of infection during and after surgery.^[1]

KNOWLEDGE OF NATIONAL AND LOCAL SOURCES

Questions 2(a) and 2(b) will be source questions. You need to be aware of different national and local sources which might be used in enquiries (page 55).

Types of sources and what they may contain

Medical journals

Journals share articles between medical professionals to spread ideas and assess new techniques.

Military hospital records

Record details of soldiers and their injuries and treatments.

National newspapers

Contain news stories on battles and the number of casualties, latest developments or problems with medical treatments.

Local newspapers

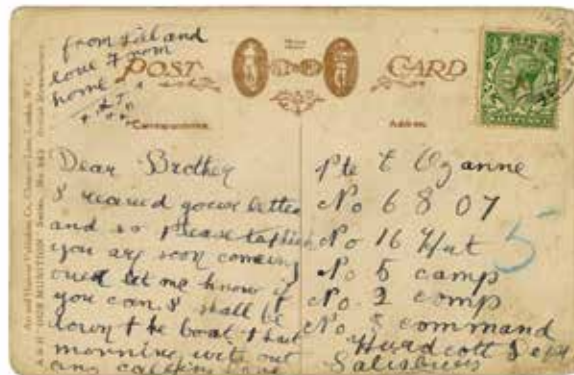
Contain information on people from the local area and their experiences on the Western Front.

Photographs

These might show the wounded being transported or treated.

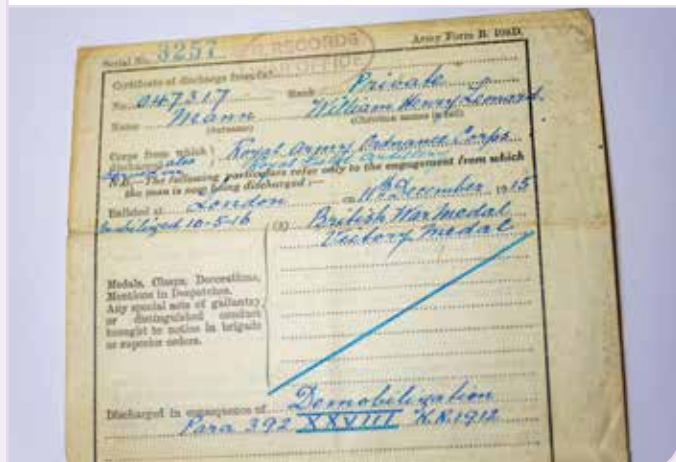
Personal accounts

E.g. letters and diaries that record the thoughts, actions and experiences of wounded soldiers, or those treating or transporting them such as stretcher bearers, ambulance drivers, doctors and nurses.



Army records

Contain military reports on events as well as information on individuals.



EXAMINATION PRACTICE

1. (a) Describe **one** feature of problems caused by the terrain for medical treatment on the Western Front. [2]
 (b) Describe **one** feature of The Royal Army Medical Corps (RAMC). [2]
2. (a) Study Source A and Source B. How useful are Sources A and B for an enquiry into new techniques in the treatment of wounds and infections on the Western Front? Explain your answer, using Sources A and B and your knowledge of the historical context. [8]
- (b) Study Source A. How could you follow up Source A to find out more about new techniques in the treatment of patients on the Western Front?

Source A:

An extract from an article in the British Medical Journal by a surgeon, 1917. He describes the results of blood transfusion when used on cases of very serious blood loss and shock on the Western Front in 1917.

The results have shown:

1. *Certain patients previously considered inoperable, and others that needed exceedingly risky surgery, may often be revived to a certain degree which not only allows operations to take place, but also ensures a good prospect of ultimate recovery.*
2. *In other cases where the patient is on the verge of shock due to blood loss and the severity of the operation, blood transfusion is a permanent resuscitative measure of extreme value.*

Source B:

Medical staff at a base hospital use a Thomas splint to treat a patient with a broken leg.



EXAMINATION PRACTICE ANSWERS

Section B has been covered before Section A to provide a greater background to Key Topic 5 - the Historic Environment.

Section B

1. Your answer may include:

[4]

In the medieval period, physicians used urine charts to diagnose disease. They would compare their patient's urine to a chart to check its appearance, smell, and even taste. This is different from the renaissance period when doctors began observing and recording their patient's symptoms to help them diagnose patients. This was largely thanks to the work of the doctor, Thomas Sydenham, who stressed the importance of a scientific approach when diagnosing patients.

2. Your answer may include:

[12]

A significant reason why medical treatments were largely ineffective during this period is because not enough was known about the causes of disease. For centuries, people incorrectly believed that disease was caused by imbalanced humours, and this could be cured using the theory of opposites. This theory suggested that a patient could be treated by giving them something to eat or drink which was opposite to their symptoms. For example, if a patient had a fever, they might be given cucumber to cool them down. Because the theory of the four humours was so widely accepted, most people didn't look for alternative treatments. We know now that imbalanced humours do not cause illness, so the theory of opposites was ineffective.

Bloodletting was another ineffective medieval treatment used to balance the four humours. Again, this treatment was ineffective because illness is not caused by an imbalance of the humours. As well as being ineffective, bloodletting could also be dangerous because it could weaken the patient.

Furthermore, since most people in the medieval period believed that illness was a punishment from God, many treatments for disease and illness were also centred around religion. People believed that prayer, fasting and giving offerings to the church would help cure them. Because so many people believed that God could cure them, they didn't look for alternative, rational treatments that may have been more effective.

Another reason why medical treatments in the period 1250–1500 were largely ineffective is because the Church had a lot of control over medicine. The Church banned dissections which meant that physicians couldn't study the human body to understand what caused disease, and therefore how to treat it. Physicians were also taught the Church's belief that the work of Galen was universally correct, so they needn't look for other explanations for the causes of disease or ways to treat patients.

3. Your answer may include:

[16 + 4]

The introduction of the 1875 Public Health Act made huge strides towards reducing infectious diseases by improving clean water supplies, sanitation and housing. However, there were other factors that played a more significant role in preventing illness. The Act saw the employment of health officers and sanitary inspectors which ensured that public health provision would continue to be enforced and standards would be maintained. These actions led to a reduction in the diseases which are spread by microbes. For example, there were no cholera epidemics after 1866, and the Public Health Act probably contributed to this. As well as reducing the impact of infectious diseases, the Public Health Act helped to increase life expectancy. Thanks to the success of the Public Health Act, people were more willing to support government intervention in other health matters which would lead to further improvements in preventing disease.

However, the work of individuals also helped to prevent disease in this period. Louis Pasteur's Germ Theory suggested that specific microbes caused disease which led to him, and others, developing vaccines to prevent diseases such as anthrax and rabies. The introduction of these vaccines meant that it was possible to prevent people from catching or dying from specific diseases very effectively.

Knowledge and acceptance of Germ Theory, as well as the work of individuals such as Florence Nightingale and Joseph Lister, led to much cleaner surroundings in hospitals and during surgery. This helped to change people's attitudes towards antiseptic and aseptic environments. By 1900, surgeons wore protective surgical outfits, instruments were steam-cleaned, and hospitals segregated the infectious and had better ventilation and clean water supplies. This helped to prevent patients from catching infectious diseases during surgery and while receiving hospital care.

Furthermore, governments have played a significant role in preventing diseases beyond the Public Health Act. The development of vaccines in the later 19th century led to government vaccination campaigns such as polio and diphtheria which helped to dramatically reduce the number of people contracting these diseases and led to the almost total eradication of polio by the 1970s.

Government lifestyle campaigns in the twentieth and twenty-first centuries, such as 'five a day' and 'stop smoking',

LEVELS-BASED MARK SCHEMES FOR EXTENDED RESPONSE QUESTIONS

Questions 2(a), 3, 4 and 5/6 require extended writing and use mark bands. Each answer will be assessed against the mark bands, and a mark is awarded based on the mark band it fits into.

The descriptors have been written in simple language to give an indication of the expectations of each mark band. See the Edexcel website for the official mark schemes used.

Question 2 (a)

Level 3 (6–8 marks)	<ul style="list-style-type: none"> The answer gives a judgement on usefulness for the specific enquiry with valid criteria and developed reasoning. The answer assesses the impact of content and provenance on usefulness. The sources are analysed to support the argument. The answer demonstrates contextual knowledge to interpret sources and assess usefulness.
Level 2 (3–5 marks)	<ul style="list-style-type: none"> The answer gives a judgement on usefulness for the specific enquiry with valid criteria. The answer assesses content and provenance. There is some analysis of sources through selecting material to support the argument. The answer demonstrates contextual knowledge to support comments on content and/or provenance.
Level 1 (1–2 marks)	<ul style="list-style-type: none"> The answer gives a simple judgement on usefulness. The answer gives undeveloped reasoning on content and/or provenance. There is simple understanding of the sources and content is repeated. The answer demonstrates limited contextual knowledge.
0 marks	<ul style="list-style-type: none"> No answer has been given or the answer given makes no relevant points.

Question 3

Level 3 (3–4 marks)	<ul style="list-style-type: none"> The answer analyses features of the period(s) to explain a similarity/difference. The answer includes specific supporting information which shows good knowledge and understanding of the period(s).
Level 2 (1–2 marks)	<ul style="list-style-type: none"> The answer offers a simple or generalised comment about a similarity/difference. The answer includes generalised information about the topic which shows limited knowledge and understanding of the period(s).
0 marks	<ul style="list-style-type: none"> No answer has been given or the answer given makes no relevant points.

INDEX

A

aid posts 48, 49
air purification 5
alchemy 14
Alexander Fleming 37
almanacs 2
almshouses 7
ambulance 33, 44
 Field Ambulance 48
anaesthetics 23, 34
anatomy 13, 15
Andreas Vesalius 11, 15, 16, 18
animalcules 10, 11, 20
antibiotics 32, 37
antiseptics 24
antiseptic surgery 24, 50
apothecary 6, 15
apprentices 15
Arras 42
artillery 43, 47
aseptic surgery 24, 50, 52
astrology 2
autoclaves 50

B

bacteria 10
barber surgeon 6
base hospitals 49
Battle of Cambrai 42, 53
Black Death (1348-49) 9
blast injuries 47
bleeding 13
blood
 bank 53
 circulation 16
 clotting 51
 letting 5
 loss 53
 tests 31
 transfusions 34, 51
 types 51
Broad Street pump 28
buboes 9
bubonic plague 9

C

cancer 30, 40
carbolic acid 24
casualty clearing stations 49
cause of disease 2, 3, 10, 11, 19, 20, 30
Chain, Ernst 38
chain of evacuation 49
chemotherapy 32, 34, 40
chicken cholera 26
chlorine gas 42, 47
chloroform 23
cholera 20, 26, 27, 28
circulation of the blood 16
Clarke 23
College of Physicians 15
communication problems 44
cowpox 25
Crick, Frances 30
Curie, Marie 50

D

Davy, Humphry 23
delousing stations 46
diabetes 30
diagnosis 31
dialysis machines 34
diarrhoea 46
diphtheria 35
disease
 causes 2, 3, 10, 11, 19, 20, 30
 prevention 5, 13, 26, 27, 35
dissections 15, 16
dissolution of monasteries 14
DNA 30
dressing stations 49
dysentery 46

E

Edward Jenner 25, 29
Ehrlich, Paul 32
endoscopes 31
epidemics 27
Ernst Chain 38
ether 23
exorcisms 2
explosives 47

F

fasting 5, 13
Field Ambulance 48
First Aid Nursing Yeomanry 48
flagellation 5, 9
Fleming, Alexander 37
Florence Nightingale 22
Florey, Howard 38
Frances, Crick 30

G

Galen 3
gangrene 46
gas attacks 47
gene therapy 30
genetics 30
Germ Theory 19, 20, 26
government action 27, 40
Great Plague (1665) 17
Great Smog 35

H

Harvey, William 16
head injuries 47
herbal remedies 7, 13
high-tech medicine 34
Hippocrates 3
horse-drawn ambulance 44
hospital 22, 48, 49
 care 7, 10, 14, 22, 33
 records 56
Howard Florey 38
Human Genome Project 30
Humphry Davy 23

I

infection 23, 24, 47, 52
inheritance 30
inoculation 25

J

James Simpson 23
James Watson 30
Jenner, Edward 25, 29
John Snow 28
Joseph Lister 24

K

keyhole surgery 31
kidney disease 34
Koch, Robert 20

L

laughing gas 23
leeches 5
lifestyle 30, 35
Lister, Joseph 24
Liston 23
Louis Pasteur 19, 21, 26
lung cancer 40

M

magic bullets 32
Marie Curie 50
medical training 6, 15
miasma 3, 10, 17, 19, 28
microscopes 10, 11, 30
mobile x-ray units 50, 52
monitors 31
mustard gas 47

N

NHS 31, 33
Nightingale, Florence 22
Nobel Prize 38
No Man's Land 43

P

pacemakers 34
Pasteur, Louis 19, 21, 26
Paul Ehrlich 32
penicillin 32, 37, 38
personal accounts 56
physicians 3, 6, 15
physiology 16
plague 9, 17
plastic surgery 34, 52
pneumonic plague 9
prayer 5, 7, 9, 13, 17, 28
printing press 10, 11
Prontosil 32
provenance 55
Public Health Act (1875) 27, 29
purging 5, 13
purification of air 5

Q

quack doctor 14

R

rabies 26
radiotherapy 34
RAMC 48
rats 17
reformation 10
regimental aid posts 48, 49
religious actions 5
religious explanations of
disease 2
remedies 7
renaissance 10
rifles 47
Robert Koch 20
robots 34
Royal Society 10, 11
Royal touch 13

S

Salvarsan 32
sanitation 27
scans 31
science and technology 31, 34
scientific approach 11
scrofula 13
shells 44, 47
shrapnel 47
Simpson, James 23
smallpox 25
smoking 30, 40
Snow, John 28
Somme 42
Spontaneous Generation 19, 21
steam steriliser 20, 50
stretcher-bearers 44
supernatural explanations
for disease 2
surgeons 6, 15
surgery 23, 24, 34
Sydenham, Thomas 11
syphilis 32
syringes 26

T

tear gas 47
technology 27, 31, 34
tetanus 47
the Church 3
The Great Stink 27
Theory of Opposites 5
Theory of Spontaneous
Generation 19
Theory of the Four Humours
3, 10, 19
The Worshipful Society of
Apothecaries 15
Thomas splint 53
Thomas Sydenham 11
transfusions 34, 51
transplants 34
transport 49
problems 44
treatments 5, 6, 13, 14, 15, 22,
23, 32, 33, 34
trench
fever 46
foot 46
system 43
tuberculosis 20

V

vaccination 25, 26, 35
Vesalius, Andreas 11, 15, 16, 18
viruses 30

W

watchers 17
Watson, James 30
Western Front 42
William Harvey 16

X

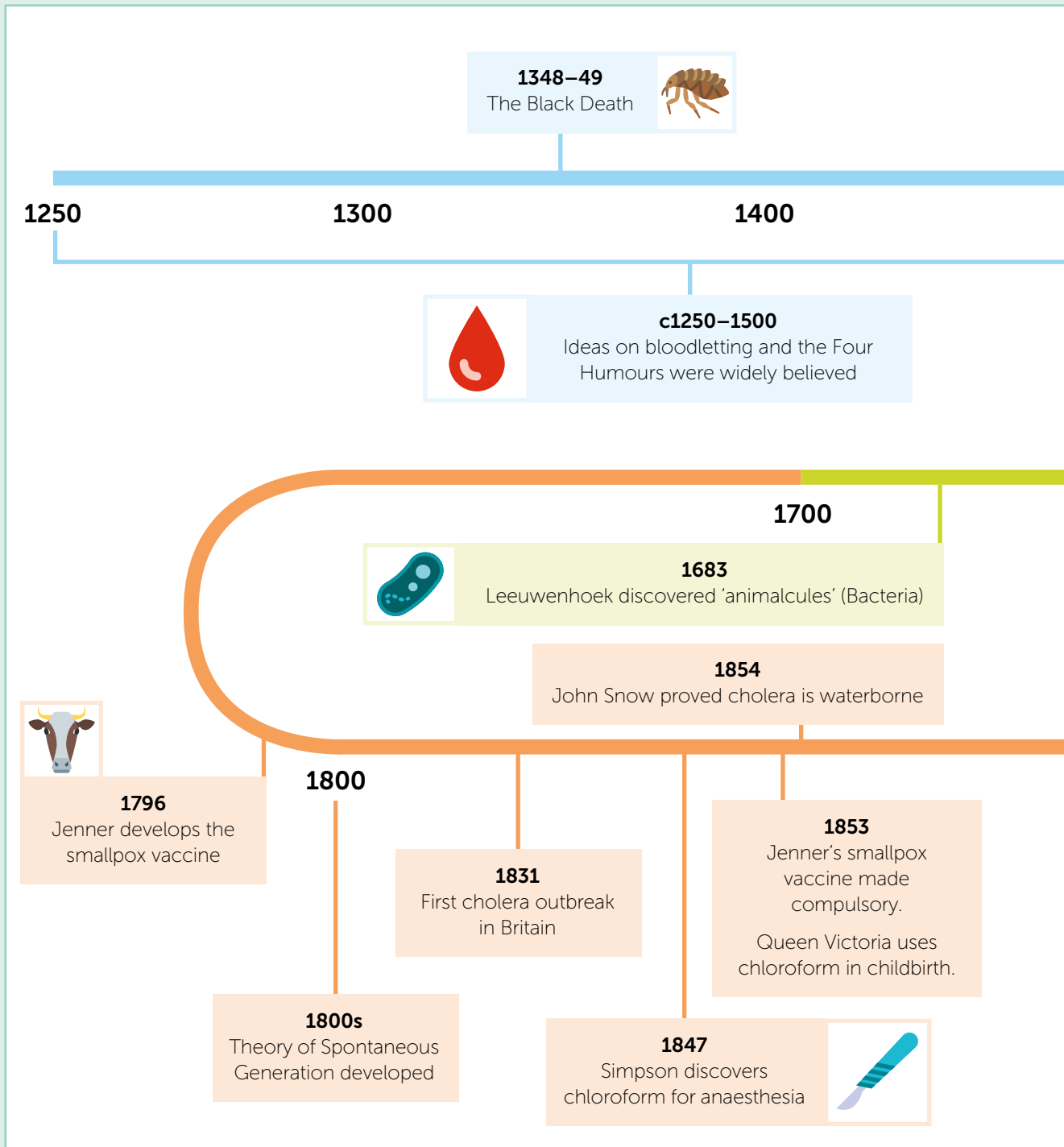
x-rays 31, 50

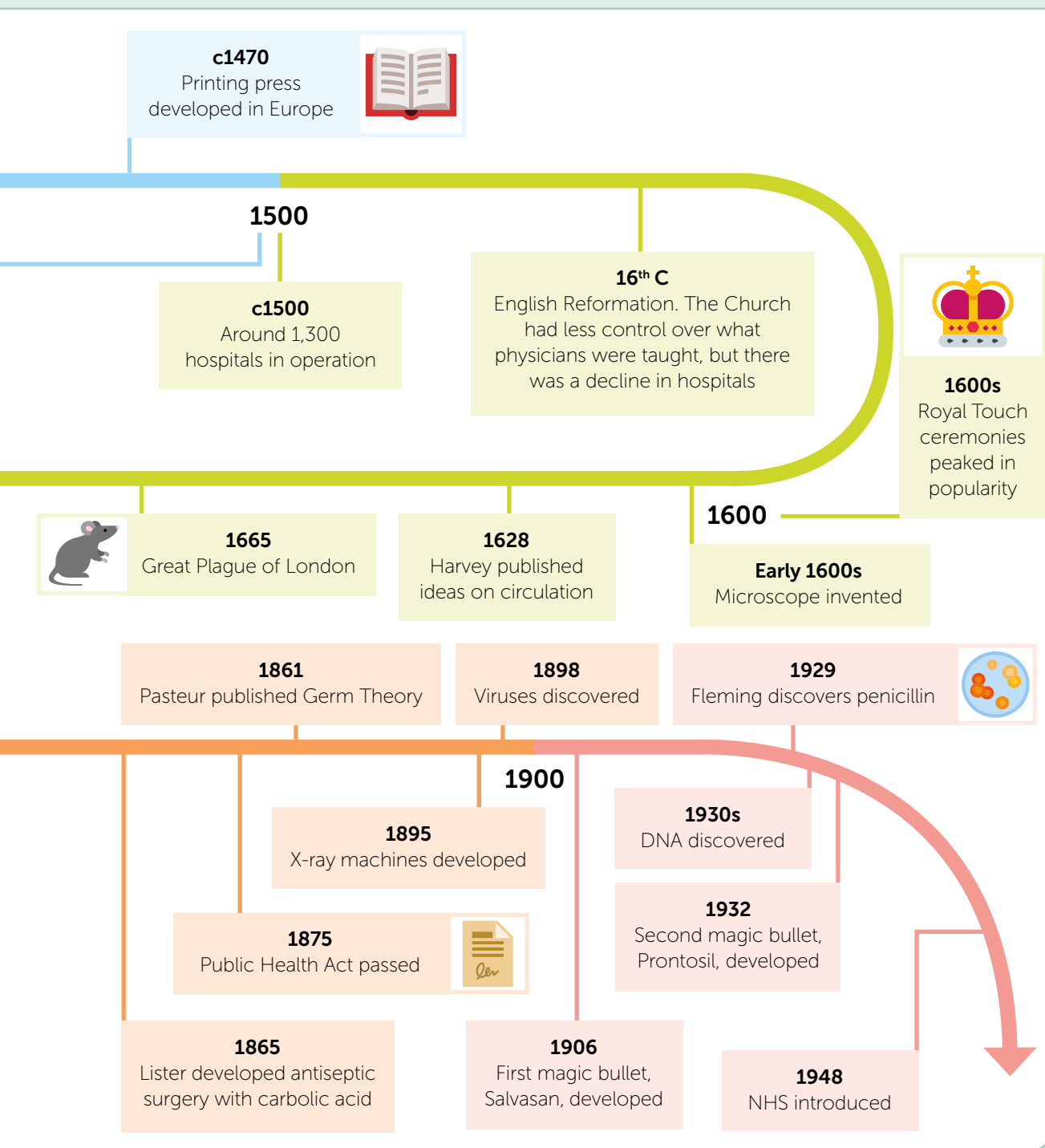
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MEDICINE TIMELINE

This timeline highlights some of the most important medical developments, discoveries, and events during c1250–present.





EXAMINATION TIPS

With your examination practice, use a boundary approximation using the following table. These boundaries have been calculated as an average across all past History papers rather than an average of this paper. Be aware that boundaries are usually a few percentage points either side of this. They should be used as a guideline only.

Grade	9	8	7	6	5	4	3	2	1
Boundary	83%	75%	67%	58%	51%	42%	30%	19%	8%

1. Make sure your handwriting is legible. The examiner can't award you marks if they can't read what you've written.
2. Read the questions carefully. Don't give an answer to a question that you think is appearing (or wish was appearing!) rather than the actual question.
3. In Q2(b) you'll be asked about one of two sources. Make sure you write about the source specified in the question. If you write about the wrong source, you won't get any marks, no matter how good your answer is.
4. Don't spend too long on Q1, 2(b) and 3 as they're only worth 4 marks each. Make sure you've left yourself plenty of time to answer Q4 and 5/6 since they're worth 12 and 20 marks.
5. For the Thematic Study, make sure you know exactly which time period you are being asked about and if it has an alternative name (medieval period, renaissance etc). Remember that the 19th century refers to the 1800s, not the 1900s!
6. To get top marks in Q4 and 5/6, you need to include information beyond what is provided in the bullet points. Jotting down a quick plan before you start can help make sure your answer includes sufficient detail and is focused on the question.
7. Your answers to Q4 and 5/6 need to show breadth, i.e. include examples from across the time period you've been asked about.
8. In the longer written questions, use linking words and phrases to show you are developing your points or comparing information, for example, "as a consequence", "this shows that" and "on the other hand". This helps to give your answer structure, and makes it easier for the examiner to award you marks.
9. Your answer to Q5/6 will be marked for correct spelling, punctuation and grammar, as well as using topic-specific vocabulary correctly. Don't throw away marks by using casual language, poor spelling and no paragraphs.
10. If you need extra paper, make sure you clearly signal that your answer is continued elsewhere. Remember that longer answers don't necessarily score more highly than shorter, more concise answers.

Good luck!

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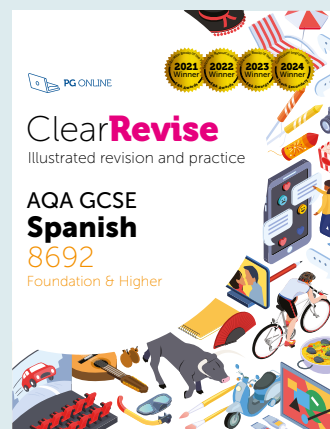
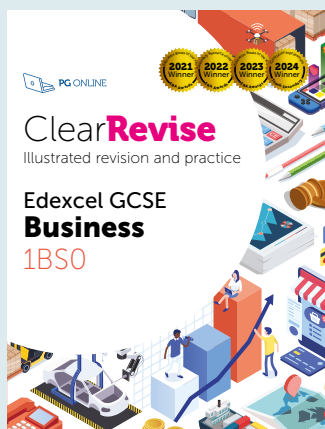
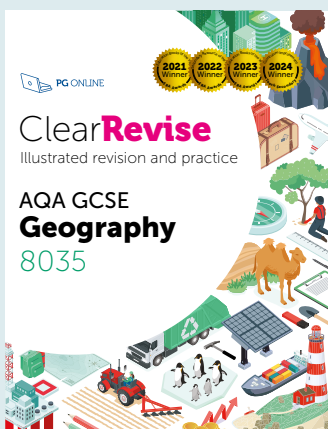
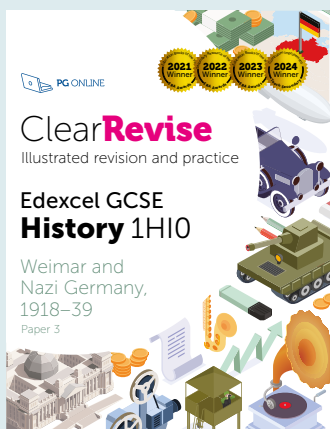
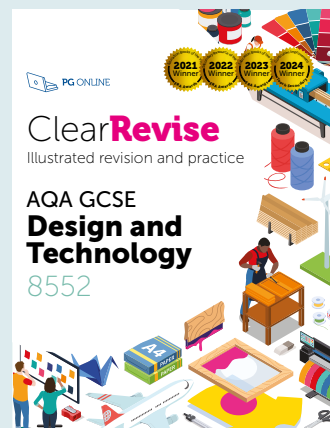
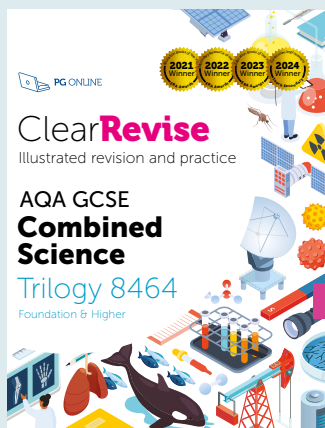
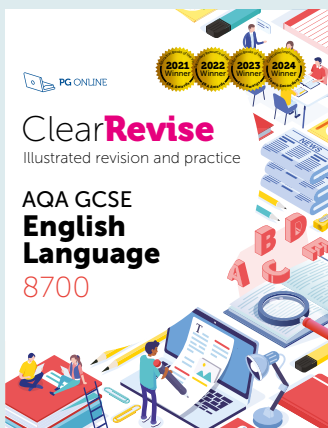
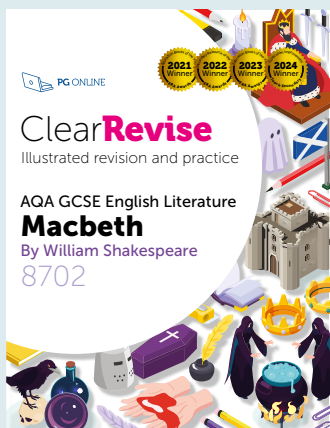
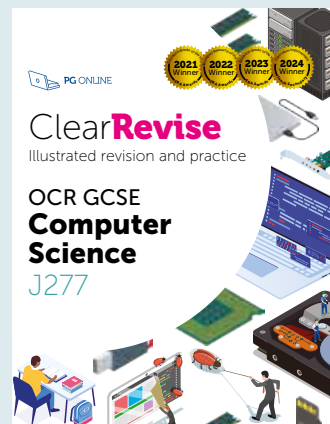
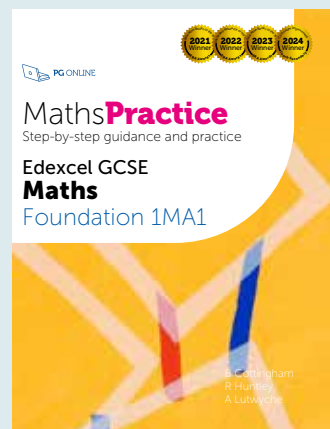
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