

History A (Schools History Project)

General Certificate of Secondary Education

Unit **A952/21**: Developments in British Medicine, 1200–1945

Mark Scheme for January 2013

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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NOTES TO EXAMINERS

OCR will have provided you with a CD disk copy of the ASSESSORS' INSTRUCTIONS. This gives details of all administrative procedures. You should read it carefully before starting to mark. The additional notes below deal with instructions that are specific to this paper and how it is to be marked.

- 1 This marking scheme has been designed to assess candidates' skills in using sources, and their understanding of concepts relating to these skills, such as reliability, proof, similarity/difference. None of these skills and conceptual understandings can be demonstrated without the use of knowledge and information, but the testing of knowledge for its own sake is never the primary objective.
- 2 The marking scheme does not give examples of all possible, rewardable answers. There will almost always be a range of support which could be used in an answer. *Examiners must recognise and reward relevant material, even if it is not included in the marking scheme.* Just as important, where an example of an answer is given in the marking scheme, markers should not expect all rewardable answers to duplicate the example.
- 3 It is important to keep in mind that in the examination candidates have a limited amount of time to demonstrate what they can do. The skills and concepts being assessed are not all straightforward. Marking should not, therefore, be punitive. It should reward candidates for what they have managed to achieve, and not penalize them for lack of knowledge, understanding or skill.

Levels of Response Marking

- 4 This type of marking scheme rewards the level of skill or understanding displayed in an answer. The marker's task is to read the answer and identify the level it has reached. If a candidate's answer reaches a particular level, it **MUST** be awarded a mark within that level, regardless of any other considerations. A marker does not have the discretion to place what s/he regards as a weak/strong example in a level lower/higher than that to which it corresponds.
- 5 Often a level will comprise a band of marks. The marking scheme will usually give specific directions for the award of marks within a band, but where it does not, the marker has discretion to choose an appropriate mark within the band, bearing in mind the amount of supporting information used, and whether the answer can be regarded as a strong/weak example of the level.
- 6 Do not expect the whole of an answer to demonstrate attainment at the same level. Candidates may include a variety of perceptions, at various levels, in their answers. It is the highest level achieved in any part of the answer, no matter how brief, that earns the final mark to be awarded.
- 7 In levels of response marking, the award of marks within an answer is not cumulative, and neither does an answer have to demonstrate achievement in lower levels to be awarded a higher level mark.

- 8 Examples of responses which are given in the marking scheme are no more than examples. They are not prescriptive. There will be many other answers which fall within a given level. **The important aspect of each level is the LEVEL DESCRIPTOR.** Do not try to match the candidate's words with those in the example; rather, match the quality of the answer with the level descriptor.
- 9 If you come across an answer which is valid, but which does not fit into any of the level descriptors, consult the senior examiner who is supervising your work. He will advise you on placing the answer in the most appropriate equivalent level.
- 10 As a marker, your most important task is correctly to identify the level into which an answer falls. Deciding on the correct mark *within* a level is also significant, but it is unlikely to make such a difference as an incorrect decision about a level.
- 11 Where an answer merits the top mark in a level, do not hesitate to award it. There is no sense in artificially deflating marks by always awarding low marks within a level. If all markers were to adopt such an ungenerous approach, the effect would simply be to narrow and bunch the total mark range available.

Marking Technique

- 12 Half marks are never used, and must never be awarded.
- 13 The maximum mark for each question is fixed. Never transfer marks from one question to another.
- 14 You must mark the scripts in the following way:
- As you read an answer, you will come across certain passages which clearly satisfy the requirements of a particular level. Underline such material, and note in the right-hand margin the level being achieved (e.g. L2). By the end of the answer there may be several such annotations.
 - You may, if you wish, make other notes in the margin, briefly explaining why you have awarded a certain level. These will be helpful to anyone who subsequently checks your marking.
 - When you finish reading an answer, the highest level achieved will be evident from your notes in the right-hand margin. Now you must decide the mark within that level to be awarded. When you have decided, write the level and the mark as follows in the right-hand margin at the end of the answer (e.g. L4/7) and draw a circle round it to indicate that this is the final mark awarded. There will, then, be a circled mark for every question.
 - When you have finished a script, transcribe the circled question marks to the front page of the script for totaling.

| Question | Answer | Marks | Guidance |
|----------|--------|-------|----------|
|----------|--------|-------|----------|

| Question | Answer | Marks | Guidance |
|----------|--|-------|--|
| 1 | Study Source A. What impression does this source give of Joseph Lister's work? Use the source and your knowledge to explain your answer. | 6 | Watch out for misinterpretations of lines 3-4; some candidates think this means his work was <u>not</u> abandoned. |
| | Level 0 No evidence submitted or response does not address the question Include here 'potted histories' of Lister which ignore the source. | 0 | |
| | Level 1: Answers which copy or paraphrase the source. <i>He was laughed at by Lawson Tait</i> | 1 | |
| | Level 2: Answers which make unsupported inferences. <i>He ignored other people's criticisms of him.</i> | 2-3 | Inferences must be about Lister's work. |
| | Level 3: Answers which make supported inferences. <i>He ignored other people's criticisms of him. He refused to publish his results, according to Lawson Tait. His methods had been largely abandoned so he could not have been that successful.</i> | 4-6 | Support must be from Source A. Use 'I' and 'S' |

Valid inferences

- His work was opposed/criticised/rejected
- His work did not last
- His work was overrated/not as clever as he thought/not a breakthrough.
- His work was not as good as Tait's
- His work was faulty/imperfect/needed to be improved
- His work made him a laughing stock/a joke
- His work was not unique/it was an obvious discovery.
- Whilst doing his work he was arrogant/ignored criticism
- Gives a negative impression of his work.
- His work was renowned/famous/influential.

Invalid inferences

- His work impressed Lawson Tait.
- Many people believed his theory worked.
- Jealousy of other surgeons.
- Good impression of his work (see Script G).

| Question | Answer | Marks | Guidance |
|----------|---|-------|---|
| 2 | Study Sources B and C. Which source is more useful as evidence about Lister? Use the sources and your knowledge to explain your answer. | 9 | |
| | Level 1: Answers based on undeveloped provenance/reliability/source type. <i>C is more useful because it is an actual photograph.</i> OR answers which simply describe the sources and conclude that one is more useful than the other. | 1-2 | |
| | Level 2: Useful OR not useful because they show/do not show things about Lister/the spray/operations. <i>B is more useful because it shows Lister carrying out an operation. You can clearly see the carbolic spray which Lister developed being used in the operation. C shows that surgeons did not wear special clothes.</i> | 3-4 | Use '+B/C' or '-B/C' |
| | Level 3: Both parts of Level 2. <i>B is more useful because it shows Lister carrying out an operation. You can clearly see the carbolic spray which Lister developed being used in the operation. However, it does not show us many things to do with antiseptic surgery. The surgeons are not wearing masks or gloves, for example. Their use was not encouraged until later and they played a significant part in helping clean up operating theatres. C does not show Lister himself; however it does show a clear picture of what the operating theatre was like. Unlike source B, it shows that, despite the use of the spray, there could still be germs on the clothes of those carrying out the operation.</i> | 5-6 | |
| | Level 4: Answers based on inferences about what the sources show/do not show in terms of Lister's importance or his impact on surgery. <i>B is more useful because it shows that even in 2005, when this book was published, Lister was considered important enough to be included amongst 'the great advances in surgery since ancient times'. However, Source C is also useful because it shows that the spray was being used in Scottish hospitals in 1880. His work was beginning to have an impact on hospitals outside Glasgow.</i> | 7-8 | Candidates must demonstrate how the sources show Lister's impact and/or his impact. |
| | Level 5: As for Level 4, but reaches a conclusion based on a valid 'clinching argument' about which source is most useful. | 9 | |

| Question | Answer | Marks | Guidance |
|----------|--|-------|-------------------|
| 3 | Study Source D. How far do you trust this source? Use the source and your knowledge to explain your answer. | 9 | |
| | Level 1: Undeveloped provenance/reliability. <i>I don't trust it. It is only memories and they can be twisted over time.</i> OR answers which describe source content and then say 'so I trust/do not trust it'. | 1-2 | |
| | Level 2: Yes or no based on selection from source content. <i>I don't trust it. How can operating theatres have been that bad? It says they were covered with grime built up over decades. I don't believe that.</i> OR <i>I do trust it. It contains lots of facts about the operating theatre. It says they were filthy.</i> | 3-4 | Use 'Y' and 'N' |
| | Level 3: Yes AND no based on selection from source content. <i>I trust it to some extent. It contains lots of facts about the operating theatres. It says they were grimy and filthy. It also describes what they tried to do about it. However, he uses very exaggerated language. 'The filth of decades' sounds a bit over the top to me. Also, 'coats dripping with carbolic' sounds extreme.</i> OR Answers which focus on the author's relationship with Lister and how this affects the reliability of the source... | 5-6 | |
| | Level 4: Answer considers 'how far' based on source content and cross-reference to other sources <u>or</u> contextual knowledge. <i>I don't really trust it that much. This source, even though it has been written by one of Lister's own assistants, says negative things about the spray. He says it got into every nook and cranny and it was a relief when it was abandoned. You would think that he would be supporting the development of the spray. After all, it was devised by his own teacher. When you look at Source E, with the death rate dropping from 45% to 15%, I would have thought that this method would have had more support. On the other hand, it is reliable for some of the things he says. The source is critical of the carbolic spray. I also know from Source H that not everyone thought it was a good thing. Source H also confirms that Lister eventually abandoned the spray, so it is fairly reliable for that.</i> | 7-8 | Use 'CK' and 'XR' |
| | Level 5: Answer considers 'how far' based on source content and cross-reference to other sources <u>and</u> contextual knowledge. | 9 | |

| Question | Answer | Marks | Guidance |
|----------|---|-------|----------|
| 4 | <p>Study Source E.</p> <p>Does this source prove that surgery improved in Britain from 1867? Use the source and your knowledge to explain your answer.</p> | 7 | |
| | <p>Level 1: Undeveloped reliability <i>Yes because the figures were from Lister's own records and they were what he recorded.</i> OR <i>No because he's just trying to make himself look good.</i></p> | 1 | |
| | <p>Level 2: Answers which use the source detail taken at face value.</p> <p><i>Yes because you can clearly see the impact on the death rate for amputations. Before the carbolic spray was used, the death rate was over 45%, but after it was introduced, the death rate fell to 15%. Things had clearly got better.</i></p> | 2-3 | |
| | <p>Level 3: Answers based on the limitations and/or typicality of the source.</p> <p><i>Not necessarily. The figures are misleading because the two periods shown in the table cover a different number of years. To be certain that there was consistent improvement, we need to know how many cases were treated per year and what the success rate was. Also, this data only tells us about one hospital in Glasgow. It might not apply to the rest of the United Kingdom.</i></p> | 4-5 | |
| | <p>Level 4: Uses cross-reference to other sources and/or contextual knowledge to explain continuing problems in surgery after 1867 or how surgery improved after 1867</p> <p><i>Yes because you can clearly see the impact on the death rate for amputations. Before the carbolic spray was used, the death rate was over 45%, but after it was introduced, the death rate fell to 15%. Things had clearly got better. However, the source is only about amputations at Glasgow Infirmary. It does not tell us whether other types of operations were as successful, or whether things were the same in the rest of Britain. Source H tells me that Lister did not pay enough attention to germs in the operating theatre and he eventually abandoned the carbolic spray. Also, I know from my own knowledge that Lister's methods did not get everyone's support. The spray took time to set up and some surgeons did not think it was worth the time to set it up. Some even questioned Lister's views about microbes.</i></p> | 6-7 | |

| Question | Answer | Marks | Guidance |
|----------|--|-------|---|
| 5 | <p>Study Sources F and G.</p> <p>Does Source F make you surprised by Source G? Use the sources and your knowledge to explain your answer.</p> | 9 | Candidates do not have to refer directly to Source F but it must be clear that the candidate has used Source G. |
| | <p>Level 1: Answers which do not use the sources. <i>Yes it does.</i></p> | 1 | |
| | <p>Level 2: Surprised OR not surprised using source content only. <i>Yes it does. Source F says that carbolic acid had been used by foreign surgeons 'for years' before Lister's discovery. However, Source G implies that the 'greatest advance' in surgery (the use of carbolic acid) was first developed by Lister in England, and the English should be proud of that fact.</i></p> | 2-3 | Use 'S' and 'NS' |
| | <p>Level 3: Both parts of Level 2. <i>I am surprised by Source G. F seems to suggest that the use of carbolic was first developed in France and that both French and German doctors would dislike the fact that Britain was claiming that it was first developed by Lister. However, Source G shows that it was accepted in Germany. However, I am also not surprised by Source G. The German doctor may have found it successful but Source F was written anonymously. The author was probably jealous of Lister's success.</i></p> | 4-5 | |
| | <p>Level 4: Surprised or not surprised using G and cross-reference to other sources outside Sources F and G and/or contextual knowledge. <i>I am not surprised by Source G given that Source E shows that the German doctor was right. He says he reduced his death rate and in Source E, Lister's death rate went down from 45% to 15%.</i></p> <p>OR <i>I am surprised by Source G. The German doctor sings the praises of Lister, but there were plenty of problems with the carbolic spray. Source H says that even Lister abandoned the spray eventually. Source D also describes in detail the problems with it. It soaked the whole operating theatre and the surgeons coats dripped with carbolic.</i></p> | 6-7 | Use 'CK' and 'XR' |
| | <p>Level 5: Surprised and not surprised using G and cross-reference to other sources outside Sources F and G and/or contextual knowledge.</p> | 8-9 | 'S' and 'NS' must be supported by either CK or XR |

| Question | Answer | Marks | Guidance |
|----------|---|-------|---|
| 6 | <p>Study all the sources.</p> <p><i>'People accepted that Lister had solved the problems of infection in surgery.'</i></p> <p>How far do the sources on this paper support this view? Use the sources and your knowledge to explain your answer. Remember to identify the sources you use.</p> | 10 | When marking, indicate each valid source use with 'Y', and 'N' if the candidate makes a valid point and supports it from a quoted source. |
| | <p>Level 1: Answers which do not use sources or non-specific source use (no supporting detail, no reference to source by letter or quote)</p> <p>At this level candidates just write about Joseph Lister and either ignore or gloss over the sources.</p> | 1-3 | |
| | <p>Level 2: Uses source(s) to support OR oppose interpretation</p> <p><i>I agree with this statement. Source B shows that even by 2005, Lister's spray was portrayed in a book about the great advances in surgery since ancient times. This inclusion shows that some historians are prepared to accept that Lister solved the problems of infection in surgery. Source G describes Lister's work in glowing terms. The fact that the German doctor tells a London conference that Britain should be proud of his discovery shows that at least he accepted that Lister had solved the problem of infection in surgery. Indeed, the source really supports this statement because it says 'the whole civilized world' greeted Lister's work.</i></p> | 4-6 | In Levels 2-3, award marks within the range based on the quantity and quality of source use. There must be source use, i.e. direct reference to source content by letter or direct quote. Simply writing about issues covered by the sources is not enough. |
| | <p>Level 3: Uses source(s) to support AND oppose interpretation</p> <p><i>I agree with this statement. Source B shows that even by 2005, Lister's spray was portrayed in a book about the great advances in surgery since ancient times. This inclusion shows that some historians are prepared to accept that Lister solved the problems of infection in surgery. Source G describes Lister's work in glowing terms. The fact that the German doctor tells a London conference that Britain should be proud of his discovery shows that at least he accepted that Lister had solved the problem of infection in surgery. Indeed, the source really supports this statement because it says 'the whole civilized world' greeted Lister's work. However, some sources do not back this statement up. For instance, Source A suggests that Lister's methods had been abandoned rather than accepted.</i></p> | 7-9 | Award up to two additional marks for developed consideration of reliability of sources. Total must not exceed 10 marks. |

A=N B=Y/N C=Y/N D=Y/N E=N F=N G=Y H=N

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