

### 3.3 The fight against lung cancer in the twenty-first century

Lung cancer is the second most common cancer in the UK and the number of deaths from this illness have risen throughout the twentieth century.

<b>Diagnosis</b>	By the time the disease is detected it is often too far advanced and so difficult to treat. Technology has enabled improvements. Doctors use a <b>PET-CT scan</b> or a dye to identify the cancerous cells. A <b>bronchoscope</b> can also be used to collect a sample of the cells
<b>Treatment</b>	If the cancer is detected early an operation to remove the tumour and the infected part of the lung can be carried out. Other treatments include: <ul style="list-style-type: none"> <li>• transplants – cancerous cells can be replaced with those from a healthy donor</li> <li>• radiotherapy – waves of radiation are aimed at the tumour to shrink it</li> <li>• chemotherapy – patients are injected with different drugs to shrink the tumour before surgery to prevent the recurrence of cancer or to relieve the symptoms when surgery is not possible</li> </ul>
<b>Prevention</b>	Evidence that cigarette smoking was linked to lung cancer was first published in 1950, but the government was slow to respond. As the death rate became too high to ignore, the government took the following action: <ul style="list-style-type: none"> <li>• banned smoking in all public places in 2007, extended to cars carrying children in 2015</li> <li>• raised the legal age for buying tobacco from 16 to 18 in 2007</li> <li>• banned tobacco advertising in 1965, and banned cigarette advertising entirely in 2005</li> <li>• removed cigarette products from display in shops in 2012</li> <li>• introduced stop smoking campaigns and insisted on plain packaging</li> </ul> <p>Each year there is an increase in the taxation on tobacco products to encourage people to stop smoking</p>



#### The comparison question

Look at the exam-style question below and the two answers. Which answer is better for comparing the key features of medical understanding? Why?

Explain one way in which the prevention of disease and illness was different in the nineteenth and twenty-first centuries. (4 marks)

#### ANSWER 1

In the nineteenth century, the British government took a *laissez-faire* approach to preventing disease and illness, believing it was not its responsibility. However, by the twenty-first century, the British government no longer had a *laissez-faire* approach to the health of its people and took action in preventing disease and illness by educating the people so that they could take control. This can be seen in the government-encouraged campaigns making the population aware of the dangers of smoking, binge drinking and drug use. It can also be seen in the Change4Life campaign.

#### ANSWER 2

In the nineteenth century, the British government did not take action preventing and treating disease and illness as it did not believe it was its responsibility. However, by the twenty-first century, the British government no longer had this approach and believed that it should educate the people so that they could take control. This can be seen in the government-encouraged campaigns making the population aware of the dangers of smoking, binge drinking and drug use.



# Part 2 The British sector of the Western Front, 1914–18: injuries, treatment and the trenches

## 1 The context of the British sector of the Western Front

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### Flanders and northern France

<p><b>The Ypres Salient</b></p> <p>The scene of many battles during the First World War because it was on the way to the Channel ports of Calais and Dunkirk. The Germans wanted to capture these ports to cut off supplies to the British army</p> <p>The <b>Ypres Salient</b> was vulnerable because the Germans had the advantageous position on higher ground. The German army could see the Allied movements and build stronger defences</p> <p>Tunnelling and mines were used by the British at Hill 60, a man-made hill captured by the Germans, to regain control in April 1915</p> <p>The first Battle of Ypres took place between October and November 1914</p> <p>The second Battle of Ypres (April to May 1915) saw the first use of chlorine gas by the Germans</p> <p>The third Battle of Ypres took place in July to November 1917</p>	<p><b>The Somme</b></p> <p>The Battle of the Somme lasted from July to November 1916 and took place along the River Somme</p> <p>It is remembered for its high casualty rate. On the first day of the battle the British army suffered nearly 60,000 casualties and 20,000 dead</p> <p>In total there were over 400,000 Allied casualties. This put enormous pressure on the medical services on the Western Front</p>
<p><b>Arras</b></p> <p>The Battle of Arras took place in April 1917</p> <p>Before the battle, Allied soldiers had dug a network of tunnels below Arras. The tunnelling was made easy by the chalky ground. New tunnels joined with existing tunnels, caves and quarries. Rooms were created with running water and electricity. There was also a hospital (see page 34). These tunnels were used for safety and to allow troops to the front in secrecy</p>	<p><b>Cambrai</b></p> <p>The Battle of Cambrai took place in October 1917</p> <p>During this battle over 450 large-scale tanks were used by the Allies to launch a surprise assault on the German front line. Unfortunately, the tanks did not have enough infantry support. The British lost the ground they had taken</p>

### The trench system

The **trenches** dug in 1914 developed into an effective defensive network from 1915. The trenches were about 2.5 metres deep. They were dug in a zig-zag pattern and contained dugouts for men to take protective cover in when needed.

<b>The front line</b>	The trench nearest the enemy where the soldiers would shoot from
<b>The command trench</b>	10–20 metres behind the firing line
<b>The support trench</b>	200–500 metres behind the front line
<b>The reserve trench</b>	At least 100 metres behind the support trench. Reserve troops would be here ready to mount a counterattack if the enemy entered the front line
<b>The communication trench</b>	Linked the front line with the command, support and reserve trenches

#### Key terms

**No Man's Land** The land between the Allied and German trenches in the First World War

**Trenches** Long, narrow ditches dug during the First World War in which soldiers fought

**Ypres Salient** An area around Ypres in Belgium where many of the battles took place in the First World War



## The impact of the terrain on helping the wounded

The trench system was complicated and made it hard to move the wounded from the trenches to the hospitals. This was because:

- It was difficult to move through the trench system because it contained equipment and men.
- Communication about the wounded was difficult, especially during major battles.
- It was hard to move around at night.
- Collecting the wounded from **No Man's Land** was dangerous because it was frequently done under fire.
- No Man's Land and the trenches were often deep in mud, which made movement difficult.
- Stretcher bearers found it difficult to move around the corners.
- Transport of the wounded was difficult because of these conditions (see page 34).

## Revision task

Draw and label your own copy of the trench system.

### Exam tip

You need to be able to explain the impact that the terrain of the Western Front had on the care and treatment of the wounded.



## Eliminate irrelevance

Here is an exam-style question:

**Describe two features of the trench system on the Western Front. (4 marks)**

Below is an answer to this question. Read the answer and identify parts that are not relevant to the question. Draw a line through the information that is irrelevant and justify your deletions in the margin.

The trench system used in the First World War by the British began in 1914 and was improved from 1915. The trenches were dug quickly and so were very simple to start with. There was the front line trench, which was closest to the enemy and is where soldiers would fire and mount an attack from. Behind the front line trench was the command trench. The reserve line trench was the furthest away from the front line. It was here that soldiers would be mobilised from for a counterattack should the enemy make it into the front line trenches. Between the British and German trenches was an area of unoccupied land called No Man's Land.

## 2 Conditions requiring treatment on the Western Front

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### Ill health

Complaint	Cause	Symptoms	Treatment and prevention	Impact
<b>Trench fever</b>	Transmitted by body lice	Flu-like symptoms; high temperature, severe headaches, shivering and aching muscles	<b>Treatment:</b> drugs were trialled, such as quinine and Salvarsan, but without success. Passing an electric current through the affected area was used effectively  <b>Prevention:</b> by 1918, the cause had been identified as lice: <ul style="list-style-type: none"> <li>• clothes were disinfected with repellent gel</li> <li>• delousing stations were set up</li> </ul>	Affected nearly half a million men on the Western Front
<b>Trench foot</b>	Soldiers stood in the mud and waterlogged trenches, which caused painful swelling in their feet	Tight boots added to the problem because they restricted the blood flow. Later, <b>gangrene</b> would set in	<b>Treatment:</b> soldiers were advised to clean and dry their feet. In the worst cases, amputation  <b>Prevention:</b> <ul style="list-style-type: none"> <li>• changing socks and keeping feet dry</li> <li>• rubbing whale oil into feet to protect them</li> </ul>	During the winter of 1914 and 1915, over 20,000 Allied men were affected
<b>Shell-shock</b>	Stressful conditions of war	Tiredness, nightmares, headaches, uncontrollable shaking and a mental breakdown	The condition was not well understood during the war  <b>Treatment:</b> <ul style="list-style-type: none"> <li>• mainly consisted of rest</li> <li>• some soldiers received treatment back in Britain</li> </ul>	It is estimated that 80,000 British troops experienced shell-shock. Some men were accused of cowardice. Punishments for this included being shot

### Weapons of war

- **Rifles:** loaded from a cartridge case which created automatic rapid fire, rather than one bullet at a time. Bullets were pointed so that they drove deeper into the body.
- **Machine guns:** had more speed than rifles and could fire 500 rounds a minute. They devastated attacking forces advancing over No Man's Land. Bullets, from machine guns and rifles, would pierce organs and fracture bones.
- **Artillery:** throughout the war, cannons grew bigger and became more powerful, such as the British howitzer which could send 900-kilogram shells. Bombardments were continuous and in some cases lasted weeks and months. Artillery fire caused half of all casualties.
- **Shrapnel:** **shrapnel** caused maximum damage as it exploded mid-air above the enemy. It was most effective against troops advancing across No Man's Land, while shells targeted soldiers in the trenches. An exploded shell or shrapnel could immediately kill or injure a soldier. Together these were responsible for 58 per cent of wounds. In most cases, shrapnel injured the arms and legs of soldiers.

Soldiers experienced an increased number of head injuries as a result of all of the above weapons. In 1915, a steel helmet replaced the soft caps of soldiers. In a trial, it was estimated that the helmet reduced fatal head injuries by 80 per cent.

#### Key terms

**Gangrene** When body tissue decomposes due to a loss of blood supply

**Shrapnel** A hollow shell that was filled with steel balls or lead, together with gunpowder and a timer fuse

#### Revision task

Summarise the weapons and wounds of war:

- rifles
- machine guns
- artillery
- shrapnel.



# Gas attacks

Chlorine	Phosgene	Mustard
First used by Germans in 1915 Led to death by suffocation In July 1915, gas masks were given to all British troops. Before this soldiers would urinate on handkerchiefs and hold these to their faces to prevent the gas getting into their lungs	First used by Germans in 1915 Faster acting than chlorine, but with similar effects Could kill an exposed person within two days	First used by Germans in 1917 An odourless gas that worked in 12 hours Caused blisters and could burn the skin through clothing

It was hard to target a particular place with gas and so it was not used regularly as a weapon in the First World War. Gas was the cause of fewer than five per cent of British deaths. The effects of gas attacks – blindness, loss of taste and smell and coughing – only lasted for a few weeks. Sufferers were given oxygen and had their skin cleansed.

## Exam tip

You need to be able to make links between the nature of fighting in the First World War and the illnesses that soldiers suffered from.



## You're the examiner

Below is an exam-style question.

**Describe two features of the gas attacks on the Western Front. (4 marks)**

- Below are a mark scheme and an answer to this question. Read the answer and the mark scheme. Decide how many marks it would get. Write the mark along with a justification for your choice below.

### Mark scheme

Award 1 mark for each valid feature identified up to a maximum of two features. The second mark should be awarded for supporting information.

### STUDENT ANSWER

Chlorine gas was used in the Western Front by the Germans in 1915. Chlorine gas led to death by suffocation after attacking a victim's lungs.

Mark  Reason \_\_\_\_\_

- Now suggest what the student has to do to achieve more marks.
- Write an answer that would achieve more marks.



## 3 Helping the wounded on the Western Front

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### The evacuation route

Survival depended on the speed of treatment and so the aim was to treat all soldiers quickly.

<b>Stage 1</b>	Stretcher bearers	Stretcher bearers would advance on No Man's Land at night or during a break in fighting to collect the dead and wounded. Each battalion had sixteen stretcher bearers and it took four men to carry a stretcher
<b>Stage 2</b>	Regimental Aid Post (RAP)	The RAP was always close to the front line. The battalion regimental medical officer was in the RAP. He identified those who were lightly wounded and those soldiers who needed more medical attention
<b>Stage 3</b>	Field Ambulance and Dressing Station	A Field Ambulance was a large mobile medical unit with medical officers, support staff and, from 1915, some nurses. The Dressing Station was where emergency treatment was given to the wounded. They were about a mile behind the front line. Here a system of <b>triage</b> was set up, where the more and less seriously wounded were separated
<b>Stage 4</b>	Casualty Clearing Station (CCS)	The CCS was the first large well-equipped medical unit that the wounded would experience. The CCS contained X-ray machines and wards with beds. They were located in tents or huts about ten miles from the fighting
<b>Stage 5</b>	Base Hospitals	The Base Hospital was usually a civilian hospital or a converted building. Soldiers would arrive by train, motor ambulance or by canal because the journey was less uncomfortable. They had operating theatres, X-ray departments and specialist areas for gas poisoning. From the Base Hospital, most patients were sent back to Britain in hospital trains, which had been converted

Soldiers received better care as the war progressed. In 1914, there were no motor ambulances, and the horse-drawn ambulances were unable to cope with the great number of casualties. By November 1915, there were 250 motor ambulances in France. Ambulance trains were also introduced to carry up to 800 casualties. Ambulance barges were also used to carry the wounded along the River Somme.

### The underground hospital at Arras

During the Battle of Arras, 160,000 soldiers were killed; and over 7000 were wounded in the first three days. Despite this, the evacuation route here worked well. In 1916, the existing tunnels and quarries were extended. They created an underground town for soldiers to live in with running water and electricity. This location also included a hospital with 700 beds and operating theatres.

### RAMC

All medical officers belonged to the **RAMC**. The membership increased from 9000 in 1914 to 113,000 in 1918 as the number of wounded grew. Doctors had to learn quickly about conditions and wounds they had never faced before.

### FANY

Initially the nurses on the front line were the well-trained Queen Alexandra's nurses. The government turned away volunteer nurses. However, this attitude changed as the number of casualties increased. The work of volunteers involved professional nursing in operating theatres to scrubbing floors. Women of the **FANY** helped the wounded as ambulance drivers and nurses once the British army changed their policy towards volunteers in 1916. FANY units also carried supplies to the front and drove motorised kitchens to supply food.

#### Key terms

**FANY** First Aid Nursing Yeomanry. Founded in 1907 by a soldier who hoped they would be a nursing cavalry to help the wounded in battle

**RAMC** Royal Army Medical Corps. This organisation organised and provided medical care. It consisted of all ranks from doctors to ambulance drivers and stretcher bearers

**Triage** A system of splitting the wounded into groups according to who needed the most urgent attention

#### Revision task

Summarise the part played in treatment of the wounded by the following: stretcher bearers, horse-drawn and motor ambulances, train and canal ambulances.





## The utility question

Look at the two sources, the exam-style question and the two answers below. Which answer is the best answer to the question and why? You could look at page 42 for guidance on how to answer the utility question to help you make your judgement.

### SOURCE A

*Stretcher bearers removing a wounded officer.*



### SOURCE B

*An extract from an article in the Journal of the Royal Army Medical Corps, 1915.*

Admirable as was the organisation of the large base hospitals, the transport of the wounded from the fighting line seems to have been very badly managed during the advance of the Germans through Belgium and northern France. The supply of motor ambulances proved totally inadequate and the slightly wounded had to shift for themselves and squeeze into goods trains.

**How useful are Sources A and B for an enquiry into the problems that faced those helping the wounded on the Western Front? (8 marks)**

### ANSWER 1

Source A is useful for this enquiry because it shows the stretcher bearers in the First World War having to walk with the wounded through narrow and crowded trenches. Source B is useful for the same enquiry because it tells us that there were not enough motor ambulances and so the wounded had to squeeze into trains.

### ANSWER 2

Source A is useful for an enquiry into the problems faced in helping the wounded during the First World War because it shows the stretcher bearers in the First World War having to walk with the wounded through narrow and crowded trenches. From my own knowledge, I know that the stretcher bearers would also have had to collect the wounded from No Man's Land during a break in fighting or at night. This caused problems because they were unable to see the wounded soldiers. The stretcher bearer would have to carry the wounded across shell-craters, which was also dangerous because they were difficult to see, and avoid, at night. Source B is useful for the same enquiry because it tells us that there were not enough motor ambulances and so the wounded had to squeeze into trains. From my own knowledge, I know that trains were converted into hospitals and used to transport the wounded back to Britain, as well as canal boats.

Which answer is better?

Why?



## 4 The impact of the Western Front on medicine and surgery 1

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### Treating wounds and infection

By 1900, most operations were carried out using aseptic methods, but it was not possible to carry out aseptic surgery (see page 20) on the Western Front because treatment needed to be portable. This led to problems treating infections caused by **gas gangrene**, and other treatments had to be found.

- Wound incision or **debridement** – this needed to be done quickly and the wound closed to prevent the spread of infection.
- The Carrel–Dakin method – this involved using a sterilised salt solution in the wound through a tube. However, the solution only lasted six hours and so had to be made as it was needed, which was difficult at times of high demand.
- Amputation – if neither of the above had worked, the only option left to surgeons was to remove the wounded limb. By 1918, 240,000 men had lost limbs.

### The Thomas splint

Men with a gunshot or shrapnel wound only had a twenty per cent chance of survival in 1915. This was because the wounds created a **compound fracture**. This was particularly dangerous when the thigh bone (femur) was fractured because it damaged the muscle and caused major bleeding into the thigh.

The splint that was being used to transport wounded men did not keep the leg rigid. From 1916, the Thomas splint was used, which stopped two joints moving and increased the survival rate from this type of wound to 82 per cent.

### X-rays

In 1895, William Röntgen, a German physicist, discovered X-rays. From 1896, **radiology departments** were opening in a number of hospitals. British hospitals applied X-rays to a medical setting. X-rays enabled a surgeon to carry out a diagnosis before an operation took place and would prove useful on the Western Front.

X-rays were used from the start of the war to locate bullets and shrapnel. These needed to be removed from wounds to prevent infection. Overall, the use of X-rays was success. However, there were some problems:

- X-rays could not detect all objects in the body. Some items, such as clothing, went unnoticed until doctors looked for them during the operation.
- A wounded soldier had to remain still for several minutes for an X-ray to be taken.
- The tubes used in an X-ray were fragile and overheated quickly. This meant that X-ray machines could only be used for an hour and then had to be left to cool down. During an offensive this was a major problem. The solution was to use three machines in rotation.

### The use of mobile X-ray units

There were six **mobile X-ray units** operating in the British sector of the Western Front. These were used to locate shrapnel and bullet wounds. They were transported around the Western Front in a truck, enabling more soldiers to be treated quickly. The mobile X-ray unit could go to the location of a battle, rather than wait for soldiers to be transported. The quality of X-rays taken by the mobile units was not as good, but proved sufficient to locate bullets and shrapnel.

#### Key terms

##### Compound fracture

An injury where the broken bone pierces the skin and increases the risk of infection

**Debridement** The cutting away of dead, damaged and infected tissue around the wound

##### Gas gangrene

An infection that produces gas in gangrenous wounds. Infection was more likely as the soldiers' wounds were exposed to soil containing fertiliser

##### Mobile X-ray unit

A portable X-ray unit that could be moved around the Western Front in a truck

##### Radiology department

The hospital department where X-rays are carried out

### Revision task

Summarise the following developments in surgery during the First World War:

- treating infection
- the Thomas splint
- mobile X-ray units.





## Complete the answer

Below is an exam-style question and an answer to this question. The answer identifies two features, but does not develop them with any supporting knowledge. Annotate the answer to complete it by adding the support.

**Describe two features of the treatment of wounds on the Western Front. (4 marks)**

The Thomas splint was used in surgery on the Western Front. Mobile X-ray units were also used on the Western Front.



## The utility question

Look at the two sources, the exam-style question and the two answers below. Which answer is the best answer to the question and why? You could look at page 42 for guidance on how to answer the utility question to help you make your judgement.

**How useful are Sources A and B for an enquiry into surgery and the treatment of wounds on the Western Front? (8 marks)**

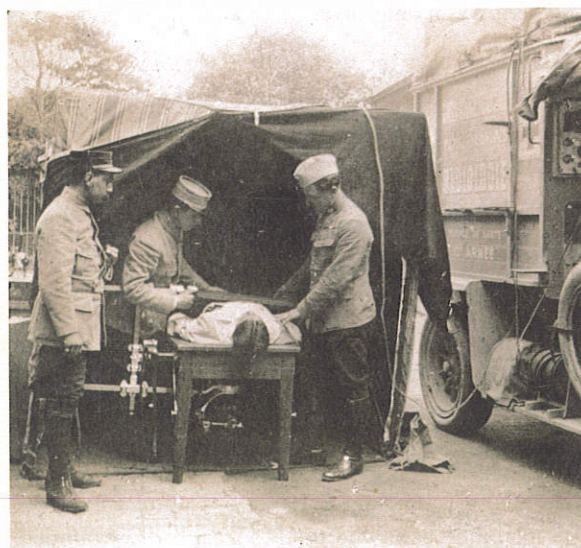
### SOURCE A

*From 'A report on Gas Gangrene' by Anthony Bowlby, Consulting Surgeon to the British Army, October 1914.*

The gangrene found amongst our wounded soldiers is directly due to infection introduced at the time of the wound, and this is likely to occur if muddy clothing has been carried by the projectile, or if earth has been carried by the explosion.

### SOURCE B

*French medics locating a bullet with an X-ray machine at a French field hospital during the First World War.*



### ANSWER 1

Source A is useful for an enquiry into surgery and the treatment of wounds on the Western Front because it tells us about gas gangrene and how it was caused by an infected wound. From my own knowledge, I know that this problem was made worse during the First World War because many soldiers' wounds were exposed to soil that was full of fertiliser.

### ANSWER 2

Source A is useful for an enquiry into surgery and the treatment of wounds on the Western Front because it is from an official contemporary report published in October 1914 by Anthony Bowlby, a consulting surgeon. Bowlby would have seen first-hand the conditions on the Western Front facing the surgeons and had experience in the number of soldiers whose wounds developed gas gangrene. From my own knowledge, I know that this problem was made worse during the First World War because many soldiers' wounds were exposed to soil that was full of fertiliser.



## 5 The impact of the Western Front on medicine and surgery 2

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### The development of blood transfusions and the storage of blood

Blood loss was a major problem in surgery before the twentieth century. The first experiments in **blood transfusion** were performed in 1819 by James Blundell. As blood could not be stored, it had to be used as soon as possible. Transfusions were carried out with the donor (the person giving the blood) being directly connected by a tube to the recipient (the person receiving the blood).

There were problems with the early use of blood transfusions:

- Blood clots as soon as it leaves the body and so the tube became blocked up.
- The blood of the donor was sometimes rejected by the recipient because they were not compatible. Blood groups were discovered by Karl Landsteiner in 1901.
- There was a danger of infection from unsterilised equipment. However, this problem was being solved with the introduction of aseptic surgery.

Blood transfusions were used at Base Hospitals by the British on the Western Front from 1915. A syringe and tube were used to transfer the donor blood to the patient. This was extended to Casualty Clearing Stations from 1917. A portable blood transfusion kit was used close to the front line, designed by a doctor called Geoffrey Keynes.

### The blood bank at Cambrai

- In 1915, it was discovered that by adding sodium citrate to blood the need for donor-to-recipient transfusion was removed as blood could be stored and clotting prevented.
- In 1916, it was discovered that adding a citrate glucose solution to blood allowed it to be stored for up to four weeks.

Stored blood was used at the Battle of Cambrai in 1917. Blood was stored in glass bottles at a blood bank and used to treat badly wounded soldiers throughout the battle.

### Other new techniques in the treatment of wounds

- *Brain surgery*: new techniques for dealing with brain injuries were developed for the Western Front that included using a magnet to remove metal fragments from the brain. A **local anaesthetic** was used in operations rather than a **general anaesthetic**. This prevented the brain from swelling and decreased the risks in an operation.
- *Plastic surgery*: a New Zealand doctor, Harold Gillies, was sent to the Western Front in 1915. Gillies became interested in facial reconstruction – replacing and restoring parts of the face that had been destroyed by the weapons of war. Skin grafts were developed, where skin was taken from another part of the patient's body and used to repair the wound.

#### Key terms

**Blood transfusion** Blood taken from a healthy person and given to another person

**General anaesthetic** Putting a patient to sleep during an operation

**Local anaesthetic** The area being operated was numbed to prevent pain, but the patient remained awake during the operation





## Organising knowledge

Study the advances in surgery during the First World War on pages 36 and 38. Make a copy of the table below. Complete it to show the progress made as a result of the war.

Factor	Before First World War	During First World War
War wounds		
Infection		
X-rays		
Blood transfusions		
Plastic surgery		



## Organising knowledge

Study the different types of sources available to a historian when enquiring into the Western Front in the table below. Complete the table. For each type of source explain what aspects of injuries, treatment and the trenches covered in this book it would be useful for and explain the advantages of using it. For example, hospital records would be useful in providing the number of soldiers treated during an offensive. This information would not have been produced for propaganda and so would give the historian reliable, accurate figures.

Types of sources	Useful for ...	Advantages
National army records for individual soldiers		
National newspaper reports		
Government reports on aspects of the war		
Medical articles by doctors and nurses who took part in the war		
Personal accounts of medical treatments by soldiers, doctors, nurses or others who were involved		
Photographs		
Hospital records		
Army statistics		



# Exam focus

Your History GCSE is made up of three exams:

- For Paper 1 you have one hour and 15 minutes to answer questions on a thematic study and historic environment, in your case Medicine through time, c1250–present and The British sector of the Western Front, 1914–18: injuries, treatments and the trenches.
- In Paper 2 you have one hour and 45 minutes to answer questions on a period study and a British depth study.
- In Paper 3 you have one hour and 20 minutes to answer questions on a modern depth study.

For Paper 1 you have to answer the following types of questions. Each requires you to demonstrate different historical skills:

- **Question 1** is a key features question in which you have to describe two features and characteristics of the period.
- **Question 2** includes two sub-questions on a source enquiry which test your source analysis skills as well as your ability to frame a historical question.
- **Question 3** is a key features question in which you have to describe the similarity or difference in medicine between two time periods.
- **Question 4** is a causation question which asks you to explain why something happened.
- **Questions 5 and 6** are analytical questions that ask you to evaluate change, continuity and significance in medicine.

The table below gives a summary of the question types for Paper 1 and what you need to do.

Question number	Marks	Key words	You need to ...
1	4	Describe two features of ...	<ul style="list-style-type: none"> <li>• Identify two features</li> <li>• Add supporting information for each feature</li> </ul>
2(a)	8	How useful are Sources A and B for an enquiry into ... ? Explain your answer, using Sources A and B and your knowledge of the historical context	<ul style="list-style-type: none"> <li>• Ensure that you explain the value of the contents of each of the sources</li> <li>• Explain how the provenance of each source affects the value of the contents</li> <li>• You need to support your answer with your knowledge of the given topic</li> </ul>
2(b)	4	How could you follow up Source B to find out more about ...  In your answer you must give the question you would ask and the type of source you could use	<ul style="list-style-type: none"> <li>• Select a detail from Source B that could form the basis of a follow-up enquiry</li> <li>• Write a question that is linked to this detail and enquiry</li> <li>• Identify an appropriate source for the enquiry</li> <li>• Explain how the source might help answer your follow-up question</li> </ul>
3	4	Explain one way in which ... were similar/different in the ... and ... centuries	<ul style="list-style-type: none"> <li>• Identify a similarity or difference</li> <li>• Support the comparison with specific detail from both periods</li> </ul>
4	12	Explain why ... You may use the following in your answer: [two given points].  You <b>must</b> also use information of your own	<ul style="list-style-type: none"> <li>• Explain at least three causes – you can use the points in the question but must also use at least one point of your own</li> <li>• Ensure that you focus the causes on the question</li> </ul>
5/6	20	'Statement'. How far do you agree? Explain your answer. You may use the following in your answer: [two given points]. You <b>must</b> also use information of your own	<ul style="list-style-type: none"> <li>• Ensure you agree and disagree with the statement</li> <li>• Use the given points and your own knowledge</li> <li>• Ensure you write a conclusion giving your final judgement on the question</li> <li>• There are up to 4 marks for spelling, punctuation, grammar and the use of specialist terminology</li> </ul>