**Paper 1 student knowledge checklist:**

Medicine in Britain, c1250 to present & The British sector of the Western Front

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| **Key topic** | **Details of topic** | **Have you got notes for this topic?** | **Can you recall at least 3 facts for this topic?** | **Action needed (Catch-up notes? Revision?)** |
| **C1250-c1500: Medicine in Medieval England** | | | | |
| 1 Ideas about the causes of disease and illness | The role and influence of the medieval Church |  |  |  |
| Supernatural and religious explanations of the cause of disease. |  |  |  |
| Rational explanations: The Theory of the Four Humours |  |  |  |
| Rational explanations: The miasma theory |  |  |  |
| The continuing influence in England of Hippocrates  and Galen (promoted by the Church). |  |  |  |
| 2 Approaches to prevention and treatment | Religious actions to prevent and treat diseases and their connection with ideas about disease and illness (religious explanations). |  |  |  |
| The use of bloodletting and purging to prevent and treat diseases and their connection with ideas about disease and illness (The Theory of the Four Humours). |  |  |  |
| Actions taken to purify the air, to prevent disease and their connection with ideas about disease and illness (The Miasma Theory). |  |  |  |
| The use of remedies (e.g. herbal) to prevent and treat diseases and their connection with ideas about disease and illness. |  |  |  |
| New and traditional approaches to hospital care in the thirteenth century (1200s). |  |  |  |
| The role of the physician, apothecary and barber surgeon in treatment and care provided within the community and in hospitals. |  |  |  |
| 3 Case study: Dealing with the Black Death, 1348–49 | Ideas about the causes of the spread of the Black Death |  |  |  |
| Approaches to treating victims of the Black Death |  |  |  |
| Attempts to prevent the spread of the Black Death |  |  |  |
| 4 Factors (reasons) to explain the *process* of change (i.e. how factors encouraged / inhibited change during this period, turning points, patterns and trends of change) | Individuals |  |  |  |
| The Church (as an institution) |  |  |  |
| Government intervention (as an institution) |  |  |  |
| Science and Technology |  |  |  |
| Attitudes in society |  |  |  |
| Communication |  |  |  |
| War |  |  |  |
| Chance |  |  |  |
| 5 Nature and extent of change | Speed and development |  |  |  |
| Significance |  |  |  |
| Change v. continuity |  |  |  |
| **c1500–c1700: The Medical Renaissance in England** | | | | |
| 1 Ideas about the causes of disease and illness | Changes in explanations of the cause of disease and illness (what changed); the Enlightenment. |  |  |  |
| Continuity in explanations of the cause of disease and illness (what stayed the same); new theories were slow to develop and spread, so old ideas persisted. |  |  |  |
| A new scientific approach to explaining disease, including the work of Thomas Sydenham in improving diagnosis. |  |  |  |
| The influence of the printing press in changing explanations of disease and illness |  |  |  |
| The work of the Royal Society on the transmission (communication) of ideas about disease, illness and anatomy; scientific approaches. |  |  |  |
| 2 Approaches to prevention and treatment | Continuity in approaches to prevention, treatment and care in the community (e.g. wise women, herbal remedies) and in hospitals. |  |  |  |
| Changes in care and treatment: improvements in medical training (as a result of the decline of Church control) |  |  |  |
| The influence in England of the work of Vesalius. |  |  |  |
| 3 Case studies: Harvey and the Great Plague of 1665 | Key individual: William Harvey and the discovery of the circulation of the blood. |  |  |  |
| Dealing with the Great Plague in London, 1665: approaches to treatment and attempts to prevent its spread. |  |  |  |
| 4 Factors (reasons) to explain the *process* of change (i.e. how factors encouraged / inhibited change during this period, turning points, patterns and trends of change) | Individuals |  |  |  |
| The Church (as an institution) |  |  |  |
| Government intervention (as an institution) |  |  |  |
| Science and Technology |  |  |  |
| Attitudes in society |  |  |  |
| Communication |  |  |  |
| War |  |  |  |
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| 5 Nature and extent of change | Speed and development |  |  |  |
| Significance |  |  |  |
| Change v. continuity |  |  |  |
| **c1700–c1900: Medicine in Eighteenth- and Nineteenth-century Britain (Industrial)** | | | | |
| 1 Ideas about the causes of disease and illness | Changes in explanations of the cause of disease and illness |  |  |  |
| Continuity in explanations of the cause of disease and illness (what stayed the same) |  |  |  |
| The influence in Britain of Pasteur’s Germ Theory |  |  |  |
| The influence in Britain of Koch’s work on microbes |  |  |  |
| 2 Approaches to prevention and treatment | The extent of change in care: improvements in hospital care and the influence of Nightingale. |  |  |  |
| The extent of change in treatment: The impact of anaesthetics and antiseptics on surgery. |  |  |  |
| New approaches to prevention: the development and use of vaccinations |  |  |  |
| New approaches to prevention and Public Health: the Public Health Act 1875. |  |  |  |
| 3 Case studies: Edward Jenner, Cholera and John Snow | Key individual: Jenner and the development of vaccination. |  |  |  |
| Fighting Cholera in London, 1854: attempts to prevent its spread. |  |  |  |
| Fighting Cholera in London, 1854: significance of Snow & the Broad Street pump; compare to 1348 & 1665 |  |  |  |
| 4 Factors (reasons) to explain the *process* of change (i.e. how factors encouraged / inhibited change during this period, turning points, patterns and trends of change) | Individuals |  |  |  |
| The Church (as an institution) |  |  |  |
| Government intervention (as an institution) |  |  |  |
| Science and Technology |  |  |  |
| Attitudes in society |  |  |  |
| Communication |  |  |  |
| War |  |  |  |
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| 5 Nature and extent of change | Speed and development |  |  |  |
| Significance |  |  |  |
| Change v. continuity |  |  |  |
| **c1900–present: Medicine in modern Britain (20th Century)** | | | | |
| 1 Ideas about the causes of disease and illness | Advances in understanding the causes of illness and disease: the influence of genetic (DNA) and lifestyle factors on health. |  |  |  |
| Improvements in diagnosis: the impact of the availability of blood tests, scans and monitors. |  |  |  |
| 2 Approaches to prevention and treatment | The extent of change in care and treatment: The impact of the NHS and science and technology |  |  |  |
| Improved access to care (NHS, GPs etc) |  |  |  |
| Advances in medicines to, including magic bullets and antibiotics (the first CURES for disease) |  |  |  |
| High-tech medical and surgical treatment in hospitals. |  |  |  |
| New approaches to prevention: mass vaccinations and government lifestyle campaigns. |  |  |  |
| 3 Case studies: Penicillin & lung cancer | Key individuals: Fleming, Florey and Chain’s development of penicillin. |  |  |  |
| The fight against lung cancer in the twenty-first century: the use of science and technology in diagnosis and treatment; government action. |  |  |  |
| 4 Factors (reasons) to explain the *process* of change (i.e. how factors encouraged / inhibited change during this period, turning points, patterns and trends of change) | Individuals |  |  |  |
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| Government intervention (as an institution) |  |  |  |
| Science and Technology |  |  |  |
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| 5 Nature and extent of change | Speed and development |  |  |  |
| Significance |  |  |  |
| Change v. continuity |  |  |  |
| **The British sector of the Western Front, 1914–18:** You will be given a separate checklist for this topic. | | | | |