



www.stchistory.com

Environment Study: Example of Q2a

With exam board feedback

Technique of this Q is actually quite easy, it just takes practice.

Q2a

How useful are sources A and B for an enquiry into the treatments that were available for wounded soldiers on the Western Front? [8 marks]

Job 1: Consider the content of the source

- What information does it have that is useful or that you know is true? Or false even! What **inferences** can you make from the content?
- Annotate the sources before starting and make a **JUDGEMENT** about how useful they are to the specific Q in the opening sentence (both sources)

Job 2: PROVENANCE: Consider strengths and weaknesses of the source

- **NATURE:** What type of source is it? - How does that affect its utility (usefulness)
- **ORIGIN:** Who produced it? Will they be a one-sided view, were they there?
- **PURPOSE:** Why was it produced? How might this affect the **reliability** of the source?

Job 3: CAT TEST Use your **OWN KNOWLEDGE** of the historical context to **EVALUATE** the source

- How **comprehensive** is the source? Does it have limitations or missing information?
- How **accurate** is the source? Does it match what you know about the topic?
- How **typical** is the source? Did the events described happen regularly or are they unusual or rare? What happened most of the time?



CAT TEST

Strong Answer for another example Q2a

How useful are sources A and B for an enquiry into the treatments that were available for wounded soldiers on the Western Front? [8 marks]

On your copy of this answer

- Colour / underline any inferences that have been made and any judgements made
- Highlight when NATURE, ORIGIN and PURPOSE have been mentioned
- Colour / underline any CAT testing
- Highlight any reference to the question

Verdict

This is a strong answer because:

- it has analysed both sources, making inferences from them
- it has used contextual knowledge in the evaluation of both sources
- evaluation takes provenance into account and explains criteria clearly when making judgements.

Good analysis of the source linked to relevant knowledge. There is knowledge not just of different types of treatment that are available but also of the work done by Cushing himself and this own knowledge is used to support the comments on the provenance of the source.

Strengths and limitations of the source are shown and contextual knowledge is used in the evaluation, which also comments on the nature of the source.

Source A is an account by Cushing of his wartime experiences as a brain surgeon. We can see that Cushing wanted patients to have the best possible treatment. He was prepared to 'bribe two orderlies' to keep watch on Baker. Cushing was extremely successful in treating brain injuries in 1917 when his patients had a survival rate of 71% (compared to the 50%, which was more normal for brain surgery), so it is likely that he is not exaggerating the care he gave to his patients. Although this account was published nearly 20 years after the war, it is still very useful because it was based on Cushing's journal. As an experienced surgeon, he probably kept the journal regularly and so this final work will record quite accurately what he was doing. He also probably remembered this patient very well because he refers to him as his 'prize patient'. Although this extract is only describing one surgeon and one patient's experiences in one type of surgery, it does point to some other information about treatment. The reference to gas gangrene ('massive gas infection') is important because we know that many men, even with quite minor injuries, suffered from this. If it was not treated in time by removal of tissue or use of antiseptics, the only way to save a man's life was amputation of the infected part of the body. This source also suggests problems with the conditions under which treatment took place. The operation took place at night, and the only light came from 'candles'.

Source B is useful because it shows a different way wounds were evaluated before treatment - x-rays. It is useful because it shows an example of a mobile x-ray machine, which was used on the Western Front, with the van that it was carried in. The machine is laid out under the tent at the back of the van, which is where a stretcher would be laid. You can see tubes connecting the x-ray machine to the van. This is because the machine was powered by the engine. The photo shows us what the van and the machine looked like, but we cannot tell from it how useful these machines actually were or how widely they were used. It does not tell us that there were only six of these machines in the British sector although there were also some static x-ray machines at the Base Hospitals, but it is useful to show that machines like the one in the photo were made available to some men on the frontline to improve chances of surviving.

Source A is an account by Cushing of his wartime experiences as a brain surgeon. We can see that Cushing wanted patients to have the best possible treatment. He was prepared to 'bribe two orderlies' to keep watch on Baker. Cushing was extremely successful in treating brain injuries in 1917 when his patients had a survival rate of 71% (compared to the 50%, which was more normal for brain surgery), so it is likely that he is not exaggerating the care he gave to his patients. Although this account was published nearly 20 years after the war, it is still very useful because it was based on Cushing's journal. As an experienced surgeon, he probably kept the journal regularly and so this final work will record quite accurately what he was doing. He also probably remembered this patient very well because he refers to him as his 'prize patient'. Although this extract is only describing one surgeon and one patient's experiences in one type of surgery, it does point to some other information about treatment. The reference to gas gangrene ('massive gas infection') is important because we know that many men, even with quite minor injuries, suffered from this. If it was not treated in time by removal of tissue or use of antiseptics, the only way to save a man's life was amputation of the infected part of the body. This source also suggests problems with the conditions under which treatment took place. The operation took place at night, and the only light came from 'candles'.

NATURE

ORIGIN

PURPOSE

CAT TEST

REFER TO Q

INFERENCES



Source B is useful because it shows a different way wounds were evaluated before treatment – x-rays. It is useful because it shows an example of a mobile x-ray machine, which was used on the Western Front, with the van that it was carried in. The machine is laid out under the tent at the back of the van, which is where a stretcher would be laid. You can see tubes connecting the x-ray machine to the van. This is because the machine was powered by the engine. The photo shows us what the van and the machine looked like, but we cannot tell from it how useful these machines actually were or how widely they were used. It does not tell us that there were only six of these machines in the British sector although there were also some static x-ray machines at the Base Hospitals, but it is useful to show that machines like the one in the photo were made available to some men on the frontline to improve chances of surviving.

NATURE

ORIGIN

PURPOSE

CAT TEST

REFER TO Q

INFERENCES