

**OXFORD CAMBRIDGE AND RSA EXAMINATIONS
GENERAL CERTIFICATE OF SECONDARY EDUCATION**

**1935/21
HISTORY A
(SCHOOLS HISTORY PROJECT)**

Paper 2 (Medicine Through Time)

Source Booklet

THURSDAY 11 JUNE 2009: Afternoon

DURATION: 1 hour 30 minutes

SUITABLE FOR VISUALLY IMPAIRED CANDIDATES

OCR SUPPLIED MATERIALS:

8 page Answer Booklet

OTHER MATERIALS REQUIRED:

None

READ INSTRUCTIONS OVERLEAF

MEDICINE IN THE NINETEENTH AND TWENTIETH CENTURIES: SURGERY

SURVIVING SURGERY

BACKGROUND INFORMATION

The nineteenth century saw major developments in surgery. These developments were aimed at solving the many problems which had prevented successful surgery in the eighteenth century. There was a huge increase in the number of operations in the second half of the nineteenth century.

But did the patients' chances of surviving surgery really increase?

SOURCE A

The lack of a complete painkiller ruled out long or complicated surgery. Most operations, therefore, were concerned with external wounds and growths, or the amputation of limbs. The lack of simple hygiene precautions in the care of wounds resulted in a death rate of 90% in some London hospitals. There was also a high risk of the patient later bleeding to death when the wound began to fester and the blood vessels were weakened.

[A description of surgery in 1800, from a book on the history of medicine published in 1976]

[illegible]

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SOURCE C



[A photograph of an operation in Aberdeen around 1880]

SOURCE D

The chloroform was applied using a normal inhaler and the patient became unconscious in a minute or so. The surgeon proceeded with the operation, which was successful. He noticed that the child did not look a good colour. The patient seemed to come round, but a few minutes later he stopped breathing and there was no heartbeat. Steps were taken to restore breathing. Brandy and ether were given. Electric shock was used and afterwards oxygen was given. These steps, however, had no effect. The child died.

[An extract from a Worcester newspaper in 1893. It is describing the report given at an inquest into the death of a boy aged one year and 10 months. The boy died during a knee operation]

SOURCE E

Period	Number of amputations	Percentage of patients who died
1864–66	35	45.7
1867–70	40	15.0

[The results of amputations carried out at Glasgow Infirmary. The figures come from Joseph Lister's personal records. From 1867 carbolic acid was used as an antiseptic at the Infirmary]

SOURCE F

I remember that I was told to make sure that I used antiseptics to dress wounds. So I used carbolic acid, boric acid and peroxide of hydrogen. I could see for myself that these antiseptics did not kill all microbes, but I was told that the results were better than if no antiseptics had been used at all. At that time I was in no position to argue.

[Alexander Fleming, recalling the time when he treated wounded soldiers in the First World War (1914–18)]

SOURCE G

The period between 1846 and 1870 has been called the ‘dark period’ of surgery. The removal of pain made surgeons overconfident and they performed many operations they would not have attempted before anaesthetics. As a result, many patients died from infections that developed after the operation. Lister’s use of carbolic acid meant the number of deaths dropped dramatically. When he died in 1912 ten times as many operations were being performed than in 1867. The combination of anaesthetics and antiseptics meant that surgery was now much safer.

[From a book on the history of medicine, published in 1996]

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