

This Week's Citation Classic

Hamilton M. A rating scale for depression. *J. Neurol. Neurosurg. Psychiat.* 23:56-62, 1960. [Dept. Psychiatry, Univ. Leeds, England]

This scale was one of the first for measuring the severity of depressive illness. Based on psychometric theory, it was designed to be relevant, simple, and easy to use. [The **SCI**[®] indicates that this paper has been cited over 790 times since 1961.]

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July 10, 1981

"I first became interested in psychiatry in a practical way in 1943, during my service in the Royal Air Force. My preparatory reading in modern psychology which, to my delight, included serious discussions on fundamental questions of scientific method, was a revelation to me and determined my future career. For the next 13 years I spent all the time I had to spare in studying psychometrics, statistics, and experimental design. My chiefs and colleagues regarded me at best as an amiable eccentric. My big chance came in 1956 when, as senior lecturer in the department of psychiatry in the University of Leeds, I organized a drug trial of a new anxiolytic drug. The out-come of this work was to turn my interest to the depressions. At this time, I was fortunate enough to obtain a research fellowship, but as I could not work half-time in the department, I gave up my university post.

"For my research, I devised a rating scale for the measurement of severity of illness, as there was nothing suitable at the time. During the next three or four years I showed the scale to many people but was met with nothing but apathy and indifference. By a happy coincidence, the first antidepressant

drugs appeared soon after and the need to evaluate them then produced a demand for a suitable rating scale.

"The first consideration was that it should be applicable to all the subgroups of depressive illness, i.e., to cover all types of symptoms, though only common ones. It takes much time to inquire after rare symptoms and the information gained is meagre. The scale had to have a length of 12 to 20 items, because too short a scale is insufficiently reliable and when too long it is burdensome to fill in. Above all, it had to be clearly relevant and easy to use by clinicians working in their usual setting.

"The items selected covered the major symptoms of the depressions. The number of grades of severity chosen, for those present, was four: trivial, mild, moderate, and severe. Too many grades makes judgement very difficult and too few loses sensitivity. Four grades also ensured the elimination of the common bias to choose a mid-point. Preliminary tests showed that the patients could not provide sufficient information to make these fine distinctions for some of the symptoms, so they were reduced to two: doubtful or trivial, and clearly present. Experts are very dubious about two ranges of grading, but clinicians find them appropriate. This is the ultimate basis for the popularity of the scale. It is simple and easy to use in the routine of clinical practice, and it is meaningful and relevant. It is highly valid against clinical judgement and its reliability is equally high (far higher than many biochemical tests). All these account for its acceptance as a standard all over the world and its translation into many languages. Despite its deficiencies, it has lasted over 20 years and continues to flourish,¹² although doubtless it will be replaced in time."

1. **Hamilton M.** Development of a rating scale for primary depressive illness. *Brit. J. Soc. Clin. Psychol.* 6:278-96, 1967.
2. **Hedlund J L & Viewig B W.** The Hamilton rating scale for depression: a comprehensive review. *J. Operat. Psychiat.* 10:149-65, 1979.