By February of 1945, it had become strongly apparent to the Allied Powers, which included the United States, Great Britain, and the Soviet Union, that Nazi Germany was crumbling and on its way to defeat. On the eastern front, Soviet Union troops had recaptured Poland and seemed virtually unstoppable in their march toward Berlin; in the west, the successful completion of Operation D-Day had allowed millions of Allied troops to begin their own campaign of recapturing France and pressuring Germany’s western front. The close of a war that had left tens of millions dead on continental Europe seemed firmly within reach.

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The first of these deadly strokes—that of Roosevelt—would prove to be among the most consequential in human history, as subsequent interactions between the succeeding Truman administration and Stalin’s Soviet Union were acrimonious. This tension would eventually develop into a decades-long conflict known as the Cold War. The strokes that killed Stalin and Churchill also proved to have varying degrees of historical significance. In the subsequent sections, we intend to examine the interaction of domestic politics and international geopolitics with the deteriorating health and ultimate death due to the strokes of Roosevelt, Stalin, and Churchill.

The strokes that killed Churchill, Roosevelt, and Stalin

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From February 4 to 11, 1945, President Franklin D. Roosevelt of the United States, Soviet Union Premier Joseph Stalin, and British Prime Minister Winston Churchill met near Yalta in Crimea to discuss how post–World War II (WWII) Europe should be organized. Within 2 decades of this conference, all 3 men had died. President Roosevelt died 2 months after the Yalta Conference due to a hemorrhagic stroke. Premier Stalin died 8 years later, also due to a hemorrhagic stroke. Finally, Prime Minister Churchill died 20 years after the conference because of complications due to stroke. At the time of Yalta, these 3 men were the leaders of the most powerful countries in the world. The subsequent deterioration of their health and eventual death had varying degrees of historical significance. Churchill’s illness forced him to resign as British prime minister, and the events that unfolded immediately after his resignation included Britain’s mismanagement of the Egyptian Suez Crisis and also a period of mistrust with the United States. Furthermore, Roosevelt was still president and Stalin was still premier at their times of passing, so their deaths carried huge political ramifications not only for their respective countries but also for international relations. The early death of Roosevelt, in particular, may have exacerbated post-WWII micromanagement between America and the Soviet Union—micromanagement that may have helped precipitate the Cold War.

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ABBREVIATIONS WWII = World War II.


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President Franklin Roosevelt’s death came on April 12, 1945, just 2 months after the Yalta Conference, when he was sitting for a portrait in Warm Springs, Georgia. Midway through the artist’s work (Fig. 2), he proclaimed “I have a terrific headache,” and he collapsed to the floor. His primary cardiologist, Dr. Howard G. Bruenn, rushed to evaluate him; the president’s blood pressure was 300/190 mm Hg. Within a few hours, Roosevelt was pronounced dead; the cause: an occipital hemorrhagic stroke.

The death of Roosevelt shocked a public that widely pictured him to be in excellent shape, but the reality was that he had been in declining health for many years. In 1937 he had hypertension, with a blood pressure of 162/98 mm Hg. In April 1944, about 1 year before his death, Roosevelt’s blood pressure had climbed to 230/126 mm Hg. Radiographs showed cholesterol gallstones, and an electrocardiogram indicated an enlarged heart. Later that year, in November, the month he was reelected to his fourth term as president, his blood pressure was 250/150 mm Hg. He began complaining of a loss of appetite. By January of the following year, his hands shook uncontrollably, and he had lost a considerable amount of weight. During the Yalta Conference the following month, Roosevelt’s blood pressure reached 260/150 mm Hg. This was when Dr. Lord Moran, personal physician to Winston Churchill, uttered the prophetic prognosis, “I give him only a few months to live.”

Roosevelt’s compromised health during the Yalta Conference may have weakened his mental capacity and, in turn, negotiating ability with Stalin. William Harriman, the American special envoy to Europe, noted, “At Yalta,
I believe, [Roosevelt] didn’t have the strength to be quite as stubborn as he liked to be. I suppose that if FDR has been in better health, he might have held out longer and got his way on a number of detailed points. When Roosevelt returned to the United States, he delivered a speech to Congress exalting the successes of the Yalta Conference, describing how the Allied Powers were united on the principle that all nations deserve the right to exercise self-determination. However, shortly thereafter, Stalin reneged on this agreement. He falsely accused the United States and United Kingdom of creating an exclusive peace with Germany, and he raised tensions further when he started disallowing Eastern European countries from participating in free elections. On March 23, 1945, Roosevelt said to an aid, “We can’t do business with Stalin. He has broken every one of the promises he made at Yalta.”

Roosevelt began working to normalize relations with Stalin, but the cerebral hemorrhage would take his life before he could succeed. Three days after Roosevelt’s passing, Nazi Germany celebrated by describing the fatal stroke as a miracle. Meanwhile, newly appointed President Harry Truman began settling himself into the job. Truman oversaw American military operations in Europe until Germany’s surrender on May 8, 1945, and he effectively led the Allies to victory against Imperial Japan in the Pacific. However, the Truman administration was never successful in normalizing relations with Moscow; left unchecked, the Soviet Union continued to exert—in discordance with internationally agreed-upon principles—a dominating influence over newly liberated Eastern European nations.

Given the magnitude of Roosevelt’s poor health in the months preceding his death, the fact that the American public was not made aware raises important ethical questions. Roosevelt’s personal cardiologist, Dr. Bruenn, was familiar with the rapidly declining health of the president during his last year of life. However, another of his physicians made public statements during this same time period that Roosevelt’s health was “excellent.” Furthermore, when Roosevelt was delivering his speech to Congress in 1945 following the Yalta Conference, he needed to remain seated the entire time; rather than attributing his inability to deliver a standing speech as being due to his failing health, he blamed it instead on fatigue from travel (Fig. 3). This lack of transparency toward the American public and to other governments in Western Europe may have lulled everyone into thinking that Roosevelt was healthy and foreign policy was under control, when in reality Roosevelt was deathly sick and American relations with the Soviet Union were rapidly deteriorating. One analyst wrote that the potent mix of Roosevelt’s poor mental and physical health, and also the ignorance of those around him of the Soviet Union’s rise, caused a “hiatus” in effective American leadership. While certainly debatable, this analyst went on to state that this hiatus created the conditions that allowed “the betrayal of the Poles, the imposition of Communist governments in Eastern Europe, the Czechoslovak coup, and, on the other side of the world, the loss of China and the invasion of South Korea.”

Joseph Stalin

Both his contemporaries and subsequent historians have described Joseph Stalin as being unquestionably competent around the time of WWII. In 1937 his doctor wrote that Stalin had “devilish, cunning, and slyness as well as an astonishing knowledge of the human mind with all its weaknesses. He was headstrong, consistent, and had extraordinary willpower and nerves of iron.” In 1945 a contemporary said that his “Russian vocabulary was rich and his manner of expression very vivid and plastic, and replete with Russian proverbs and sayings.” Stalin was famously blindsided by Germany’s offensive early in WWII, but his subsequent management of Red Army affairs and his success at the Yalta Conference and other international meetings in advancing Soviet interests demonstrated his shrewdness. Russian historian Roy Medvedev wrote of Stalin that he “was without a doubt mentally competent and fully aware of what he was doing.”

Stalin experienced an array of health problems throughout his life, and eventually these came to seriously affect his physical and mental abilities. In 1922 he started experiencing headaches. In 1934 he might have developed high blood pressure, and in 1937 he might have experienced a transient ischemic attack that disrupted his speech. Stalin, a heavy smoker, suffered from atherosclerosis; on June 24, 1945, he experiences a mild stroke during the WWII victory parade in Moscow, and in October he suffered a major heart attack. In 1947 he experienced another mild stroke, and in 1948 a severe heart attack left him physically incapacitated for half a year (Fig. 4).

Stalin’s cerebrovascular health problems came to a head in 1953 when he experienced a fatal hemorrhagic stroke. On the night of February 28, Stalin invited members of his inner circle for dinner in a private residence near Moscow. After a night of heavy drinking, the party disbanded at 4 AM. However, the next day Stalin did not leave his quarters. Fear prevented his aides from entering his room, but as the day wore on, they became increasingly concerned. Finally, at 11 pm members of the Politburo entered Stalin’s quarters to find him on the floor, incoherent and drenched in his own urine. His right arm and leg were paralyzed,
and he had a right Babinski reflex. Over the next day his blood pressure climbed to 210/120 mm Hg. Doctors were summoned, but his condition continued to deteriorate over the subsequent days. On March 3 he lost consciousness permanently, on March 4 he vomited blood, and on March 5 he died with an official time of death of 9:50 PM.

Stalin’s death changed the course of Russian history. His regimen was murderous; a major Soviet paper declared in 1989 that, under it, “20 million died in labor camps, forced collectivization, famine, and executions.” Stalin was notoriously paranoid, murdering many Red Army generals and members of his inner circle whom he perceived to be a threat. Some have attributed these actions to a psychiatric paranoid personality disorder, perhaps exacerbated by his declining cerebrovascular health. Indeed, the fact that it took so long for members of Stalin’s Politburo to enter his room following his stroke is a reflection of this fear that he had instilled in them. Because Stalin had not designated a successor, the immediate aftermath of his death was an internal struggle for power. The Council of Ministers and the Presidium of the Supreme Soviet had initially announced the formation of collective leadership and immediately released anyone arrested in Stalin’s last days as well as thousands of political prisoners from gulag labor camps. Hence, it appeared that Moscow was instantly ready to turn away from the harsh policies and repression characteristic of Stalin’s rule, although it was also possible that the leadership was persuaded to do so because the high number of prisoners represented a wasteful and inefficient use of resources.

Nikita Khrushchev, who maneuvered his way to become Stalin’s successor, continued to reinforce the concept of “de-Stalinization.” On February 25, 1956, during a closed session of the 20th Party Congress of the Communist Party of the Soviet Union, Premier Nikita Khrushchev boldly delivered his famed speech titled “On the Cult of Personality and Its Consequences,” in which he criticized Stalin’s purges and personality cult and called for a return to the traditional ideals of communism. Khrushchev may have only delivered this speech to consolidate his own power. Nevertheless, the official denouncement of Stalin’s purges offered great relief to those living in the Soviet Union. The death of Stalin therefore marked the end of an era of a hyper-repressive regimen and allowed opportunities for domestic change characterized by less oppressive policies and increased emphasis on consumer industries. A domestic de-Stalinization, however, was not necessarily accompanied by a de-Stalinization in foreign policy, as foreign policy patterns were arguably more a continuation than a change after Stalin’s death.

Winston Churchill

Winston Churchill was both the last of the 3 major participants at Yalta to pass away and the only one to do so while not holding public office. He lost reelection as prime minister in July 1945, shortly after the conclusion of WWII. Churchill remained active in British politics for a number of years, however. From 1945 until 1951 he served as the leader of the opposition party. In 1951 he won election again as prime minister, and he held this post until his resignation in April 1955 (Fig. 6). He continued on in Parliament, but in 1964 he officially left public office for good and spent his last year at his home in Hyde Park Gate in London.

As was the case with Stalin and Roosevelt, Churchill suffered from hypertension for a number of years before his death. After a mild stroke in 1949, his blood pressure was recorded to be about 160/90 mm Hg. In consulting a physician, he admitted to smoking about 13 cigars per day and having 3 brandies after dinner. Four years later on June 24, 1953, Churchill suffered a more serious stroke, which caused his face to slightly droop and his speech to become somewhat slurred. His blood pressure rose to 170/90 mm Hg. His health problems would continue to worsen, and because he no longer trusted his own physical abilities, Churchill stepped down as prime minister on April 5, 1955. In 1959 Churchill lost consciousness while taking a bath in his home in Hyde Park Gate. By 1961 he admitted to his doctor that he lost some emotional self-con-
trol and had moments of extreme anger and rage toward his assistants. He developed depression, and sensing himself no longer fit to hold any public office, Churchill left Parliament in 1964 (Fig. 7). On January 11, 1965, his health took a rapid downward trajectory. He was unable to feed himself or swallow solid foods. His doctor described him as “someone in deep sleep” and diagnosed him as having a terminal episode of cerebral ischemia. Churchill’s family declined nasal feedings, so he went without nourishment for 13 days until January 24, the day he died.

Given the stepwise departure from government before his death, Churchill’s resignation from his position as prime minister is perhaps the most abrupt and influential event in his gradual decline. Anthony Eden, deputy of Churchill, was chosen to be his successor. Considered by some to be one of Britain’s least successful prime ministers, Eden held the position for less than 2 years (1955–1957). His term in office is most widely known for the Suez Crisis in which Britain colluded with French and Israeli allies to invade Egypt without the approval of the United States. The deceptive maneuvers to disguise the invasion severely hurt Eden’s reputation as well as foreign relations with the United States, led at the time by President Eisenhower. The crisis eventually led to Eden’s resignation in 1957. Evidence points toward Churchill’s disapproval of the manner in which the Suez Crisis was managed. He privately expressed his disappointment in a letter to a publisher, and his wife believed that his subsequent trips to the United States were made partially in an attempt to repair relations with the United States. Having been wartime colleagues with Eisenhower, Churchill most likely would not have employed the same deception as Eden. Indeed, it was Churchill who in 1946 coined the term “special relationship,” a phrase still in use today to describe the close connection and cooperativeness between the two nations.

In addition to fueling a period of mistrust with the United States, Britain’s handling of the Egyptian Suez Crisis fueled chaos in the region, which may have benefited the Soviet Union. Siding with Egypt, the Soviet Union threatened to send troops and launch attacks against Britain, France, and Israel if their invasion was not stopped. At the same time, Khrushchev hinted at the nuclear capabilities of the Soviet Union. Although the crisis eventually came to a close due to both political and economic pressures, the Soviet Union perceived the role it had played as a triumph. Khrushchev further realized the utility of nuclear blackmail in imposing foreign policy. While arguable, the disorderly resolution of the crisis that followed allowed the Soviet Union to secure additional influence in the Middle East.

Conclusions

The Yalta Conference ranks among the most impor-
tant meetings of the past century, as it laid the groundwork for not only the end of WWII but also for a new style of cooperative international diplomacy, a model that exists to this day. Its participants—Franklin Roosevelt, Winston Churchill, and Joseph Stalin—are among the most influential men of the modern era. The illnesses that so greatly affected them, thus, had a major effect on history and should not be ignored when examining the course of human events in the later part of the 20th century. Stalin’s stroke marked the end of a brutally murderous regimen, and Churchill’s deteriorating physical condition forced him to step out of public office prematurely, which in hindsight appears to have been detrimental to British foreign relations. Additionally, Roosevelt’s worsening cerebrovascular health dulled his cognitive ability at the critical closing period of WWII, exactly when strong American leadership was needed to effectively help rebuild war-torn Europe and East Asia.

Interestingly, there was great secrecy that surrounded these leaders’ health, as all 3 men acted to hide their physical condition from the media and general public. Premier Stalin killed physicians who evaluated his health and wrote negatively of it; during his last few years of life, his distrust of the medical community grew such that at the time of his death he was on the cusp of executing a plan to massacre doctors in Moscow.26,27 When Churchill experi-enced a severe stroke as prime minister in 1963, he did not disclose his stroke to either the media or Parliament, blaming exhaustion instead for his fatigue and brief period of absence.28 Lastly and perhaps most consequently, the fact that Roosevelt did not disclose his poor health despite being a democratically elected leader of a nation at war raises important ethical questions.27 Perhaps doing so would have helped smooth over communication challenges that occurred between the succeeding Truman administration and the Soviet Union following Roosevelt’s abrupt passing.

References
37. Olsen B: [Murderers in white coats—the physicians’ plot against Stalin.] Tidsskr Nor Laegeforen 117:4395–4398, 1997 (Norwegian)
42. Ross CG: ‘Came out of the clear sky,’ says President’s physician. St. Louis Post-Dispatch. April 13, 1945; A2

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