

Stalin's last years: delusions or dementia?

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The sheer scale of Stalin's achievements and institutionalized terror has prompted some authors to label him as a paranoid megalomaniac. Whatever the merits of this diagnosis, his undeniable accomplishments and the rationality of many of his actions cannot be explained by the workings of a disturbed mind. In his last years, however, his life-long suspiciousness became florid paranoia. He eschewed medical advice, listening to a veterinarian and treating his hypertension with iodine drops. Stalin feared his own shadow and trusted no-one, even himself. He increasingly withdrew from official functions and he muttered menacingly to his close associates that it was time for another purge. Stalin suffered at least one stroke prior to his fatal intracerebral haemorrhage in 1953. Given his untreated hypertension and the autopsy report, it is probable that he had a number of lacunar strokes. These tend to predominate in the fronto-basal areas, and disconnect the circuits that underpin cognition and behaviour. The most plausible explanation of Stalin's late behaviour is the dimming of a superior intellect and the unleashing of a paranoid personality by a multi-infarct state. *Eur J Neurol* 6:129–132 © 1999 Lippincott Williams & Wilkins

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INTRODUCTION

The dimensions of Stalin's crimes and achievements are staggering. About 23 million Soviet citizens perished in purges, concentration camps and man-made famines (Conquest, 1991). On the other hand, Stalin industrialized a backward agricultural country, led it to victory in a harsh war and made it into one of the world's two superpowers. Enough of what Stalin did is documented to make a case for paranoia, both in its persecutory and megalomaniac aspects.

PERSONAL HISTORY

The diagnosis of paranoia was made as early as 1927. The distinguished Russian neurologist Vladimir Bechterev had an interview with Stalin. Upon returning, Bechterev said to his assistant Samuil Mnukhin about Stalin, 'paranoiac'. Bechterev was poisoned that night (Antonov-Ovseyenko, 1980). One of Stalin's doctors, Professor Pletnev wrote, in 1937, 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 ...

excellent memory ... He suffered mainly from two pathological states; megalomania and a persecution complex. (Ramano-Petrova, 1984)

Pletnev was imprisoned in 1937 and shot in 1941. Stalin encouraged, orchestrated and basked in the greatest cult of personality that history had seen and ghost-wrote that:

At the various stages of the war Stalin's genius found the correct solutions that took into account of all the circumstances of the situation: Stalin's mastership was displayed both in defence and offence. Comrade Stalin's genius enabled him to divine the enemy's plan, and defeat them. (Conquest, 1991)

The evidence is that he disregarded the repeated warnings of a German attack, was shocked into initial inaction when it happened, issued disastrous orders when he recouped and only later in the war did he learn to let his commanders do their jobs (Volkogonov, 1992).

The persecution complex that Pletnev diagnosed was justified. Stalin was a revolutionary and a conspirator,

and the executor of millions. Just because he was paranoid did not mean that people were not out to get him, from the Okhrana (the Czarist secret police) in his early years to Lavrenti Beria, the sinister Minister of the Interior, in his last days. Other members of the Politburo also had reasons to fear revenge. Food for the top leadership was grown and processed at special farms and food factories. Stalin's main chef was from the NKVD (secret police), a very tall man called Ignatashvili. Stalin was so paranoid about being poisoned that he made him a general (Berezhkov, 1994).

Stalin's shrewd negotiations with the Western Allies at the Teheran, Yalta, and Potsdam Conferences, leave little doubt that, despite a paranoid personality and, in part, because of it, Stalin displayed disciplined and formidable mental powers unlikely to be seen in a psychiatrically disturbed individual. The ICD-10 (ICD Classification of Disease, 1992) definition of a paranoid personality disorder reads like a description of Stalin:

Personality disorder characterized by:

- (a) excessive sensitiveness to setbacks and rebuffs;
- (b) tendency to bear grudges persistently, i.e. refusal to forgive insults and injuries or slights;
- (c) suspiciousness and a pervasive tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous;
- (d) a combative and tenacious sense of personal rights out of keeping with the actual situation;
- (e) recurrent suspicions, without justification, regarding sexual fidelity of spouse or sexual partner;
- (f) tendency to experience excessive self-importance, manifest in a persistent self-referential attitude;
- (g) preoccupation with unsubstantiated explanations of events both immediate to the patient and in the world at large.

Includes: expansive paranoid, fanatic, querulant and sensitive paranoid personality (disorder).

Excludes: delusional disorder (F22.-) and schizophrenia (F20.-).

Stalin would also qualify for the diagnostic criteria for paranoid personality disorder of the DSM-IV definition (Diagnostic and Statistical Manual of Disorders, 1994) except under one of the items of the general diagnostic criteria for a personality disorder: 'in social, occupational, or other important areas of functioning'.

Stalin's personal and social lives were subordinated to his overwhelming quest for and exercise of power. In this, he was immeasurably successful. It is the judgement of most historians that despite paranoid traits of his personality, '... Stalin was without doubt mentally

competent (ymenyaemy) and fully aware of what he was doing' (Medvedev, 1989).

At the end of the Second World War, Milovan Djilas (a leader of the Yugoslav Communist Party) remarked that Stalin's '... Russian vocabulary was rich, and his manner of expression very vivid and plastic, and replete with Russian proverbs and sayings' (Djilas, 1962). By 1948, when Djilas saw him again, a change had taken place. He noted:

... conspicuous signs of senility ... he would compare everything recent with something that had already happened: ... Yes, I remember, the same thing ... When I had last seen him, in 1945 he was still lively, quick-witted, and had a pointed sense of humor. Now he laughed at inanities and shallow jokes. On one occasion he not only failed to get the political point of an anecdote ... but ... he was offended, in the manner of old men. (Djilas, 1962)

Anatoli Sudatoplatonov, a high official in the secret police, wrote that when he saw Stalin on 20 February 1953:

I was startled to see a tired old man. Stalin had changed greatly. His hair was thinner, and although he had always spoken calmly and slowly, now he talked with difficulty and his pauses between sentences were longer. His appearance confirmed rumors that he had suffered two strokes, one after the Yalta Conference and the other after his seventieth birthday, in 1950. (Sudoplatov, 1994)

After the war, Stalin's natural suspiciousness and fears reached new heights (Fig. 1). He admitted to Marshal Georgi Zhukov (the commander in chief of the Soviet armies) to living in fear of his own shadow (Park, 1986). Silence terrified him. At a Politburo dinner, he noticed Andrei Zhdanov sitting silently. Stalin exploded 'Look at him ... sitting there like Christ as if nothing was of concern to him'. Zhdanov paled with fear (Park, 1986). Stalin also complained about Wladislaw Gomułka, secretary of the Polish Communist Party: 'He sits there all the time looking into my eyes as though he were reaching for something. And why does he bring a notepad and pencil with him? Why does he write down every word I say?' (Conquest, 1991).

In 1951, in front of Politburo members Anastas Mikoyan and Nikita Khrushchev, whom he did not appear to notice, Stalin exclaimed 'I'm finished, I trust no one, not even myself' (Conquest, 1991). Was Stalin's extreme paranoia a natural evolution of his previous personality traits or was it related to his mental decline?



FIGURE 1. Author's graphic interpretation of Stalin's suspiciousness and fears

MEDICAL HISTORY

Stalin probably had Erb's palsy (injury of the upper brachial plexus at birth). His visibly smaller left arm has been ascribed to many and fanciful causes, including a youthful accident, but from pictures and news reels, the appearance of his left upper limb is strikingly similar to that of Kaiser Wilhelm II, in whom the diagnosis of Erb's palsy was established. Since at least 1922, he suffered from headaches (Radzinsky, 1996).

In 1934, he began suffering from what probably was angina and high blood pressure (Medvedev, 1989). This became severe enough that the Politburo considered replacing him with a successor, Sergei Kirov, whom Stalin would later kill.

As early as 1937, he may have had at least one transient disturbance of blood flow to his brain's speech centre (Park, 1986) and, in December of 1949, the disturbance of his speech remained. This is the main reason why he did not make even a brief speech during his 70th birthday celebration (Medvedev, 1989). Perhaps this was also the reason that Georgi Malenkov rather than Stalin gave the report to the XIX Party Congress, in October 1952, Stalin limiting himself to a halting 10-min speech.

Stalin may have suffered slight strokes in 1945 and

1947 (Knight, 1993), and seems to have had a heart attack in 1948 that rendered him sick for almost half a year (Medvedev, 1989). He hardly ever went for a walk or undertook any physical activity. He routinely stayed up until the early hours of the morning, and 'rose at the usual time of eleven in the morning' (Volkogonov, 1992). He was a chain smoker, even his pipe was usually filled with cigarette tobacco (Zubok and Pleshakov, 1996). He gave up smoking less than a year before his death (Volkogonov, 1992).

He distrusted doctors and towards the end of his life was taking medicine advice from a major of his bodyguard, who had received veterinary training (Conquest, 1991). Stalin treated his hypertension with a glass of boiled water before dinner, into which he put a few drops of iodine (Volkogonov, 1992). Stalin was neither fit, nor healthy. Djilas remarked '... he was of very small stature and ungainly build. His torso was short and narrow, while his legs and arms were too long ... He had a quite large paunch. ... his face was white, with ruddy cheeks. Later I learned that this coloration, so characteristic of those who sit long in offices, was known as the Kremlin complexion in high Soviet circles' (Djilas, 1962).

On the night of 28 February 1953, one of the usual dinners at the Kuntsevo dacha lasted until 4 or 5 a.m. According to Khurshev, Stalin was 'pretty drunk and in very high spirits' (Conquest, 1991). There was no movement in Stalin's apartment by noon on 1 March. It was not until 11:00 p.m. that night that members of the Politburo screwed up enough courage to order breaking into Stalin's quarters. He was found on the floor, unable to speak. After 4 days of futile treatments, which included leeches, he died (Volkogonov, 1992).

AN INTERPRETATION

Stalin usually limited himself to 'only a little dry Georgian wine before dinner' (Volkogonov, 1992), and would encourage others to drink vodka to get them drunk and talking while he drank moderately, most frequently mixing red wine and vodka in little glasses (Djilas, 1962). If Khrushchev is to be believed, the night before his stroke, he had more than usual. Alcohol raises the blood pressure, which, in an uncontrolled hypertensive, may have precipitated his fatal intracranial haemorrhage.

As a result of a pathological and anatomical examination, an important center of hemorrhage was discovered in the region of subcortical centers of the left hemisphere of the brain. This hemorrhage destroyed important areas of the brain and provoked irreversible disturbances of the respiration and circu-

lation. Besides the cerebral hemorrhage, observation was made of considerable hypertonic disturbance of the left ventricle of the heart, important hemorrhages of the cardiac muscle and in the mucous of the stomach and intestine, and arteriosclerotic modifications of particularly important vessels in the brain's arteries. This process was the result of high blood pressure. (Bartoli, 1975)

They were not aware that earlier disturbances of brain function had caused numerous cavities, or cysts, in the brain tissue, especially in the lobes. Such changes, modern specialists have suggested, would have been responsible for effects in the psychological sphere, making an impact on Stalin's despotic character and exacerbating his tyrannical tendencies. (Volkogonov, 1992)

The history and the description suggest that Stalin's brain had multiple infarcts; both lacunar and, probably, also those secondary to atherosclerosis, as the reports of slight strokes and the presence of atherosclerotic and hypertensive heart disease suggest. Lacunes tend to interrupt the pathways that make up the frontal systems, underpinning important aspects of cognition and behaviour (Cummings, 1993). Stalin probably suffered not only vascular cognitive impairment (Hachinski and Bowler, 1993) but an unleashing of already marked paranoid personality traits due to a multi-infarct state. One can only speculate and dread the possibility of what may have happened if Stalin had not died when he did and continued on his road to becoming a cognitively impaired paranoid within reach of an atomic button at the height of the Cold War.

REFERENCES

- Antonov-Ovseyenko A (1980). *The time of Stalin—portrait of a tyranny*. New York: Khronika Press.
- Bartoli G (1975). *The death of Stalin*. New York: Praeger Publishers.
- Berezhkov MV (1994). *At Stalin's side*. New York: Carol Publishing Group.
- Classification of Mental and Behavioural Disorders (1992). *ICD-10*. WHO: Geneva.
- Conquest R (1991). *Stalin: breaker of nations*. London: Weidenfeld and Nicholson.
- Cummings JL (1993). Frontal-subcortical circuits and human behaviour. *Arch Neurol*, 50:873–880.
- Diagnostic and Statistical Manual of Mental Disorders (1994). *DSM-IV*. Washington, DC: American Psychiatric Association.
- Djilas M (1962). *Conversations with Stalin*. New York: Harcourt, Brace & World.
- Hachinski VC, Bowler JV (1993). Vascular dementia. *Neurology* 43:2159–2160.
- Knight A (1993). *Beria – Stalin's first lieutenant*. Princeton: Princeton University Press.
- Medvedev R (1989). *Let history judge. The origins and consequences of Stalinism*. New York: Columbia University Press.
- Park BE (1986). *The impact of illness on world leaders*. Philadelphia: University of Pennsylvania Press.
- Radzinsky E (1996). *Stalin. The first in-depth biography based on explosive new documents from Russia's secret archives*. New York: Bantam Doubleday Publishing Group.
- Ramano-Petrova N (1984). *Stalin's doctor, Stalin's nurse*. New Jersey: The Kingston Press.
- Sudoplatov P (1994). *The memoirs of an unwanted witness. A Soviet spymaster. Special tasks*. Canada: Little, Brown & Company.
- Volkogonov D (1992). *Stalin triumph and tragedy*. California: Prima Publishing.
- Zubok V, Pleshakov C (1996). *Inside the Kremlin's Cold War. From Stalin to Khrushchev*. London: Harvard University Press.