

'They drilled into my skull. Now I can cook again'

If anyone was going to take brain surgery in his stride, it was going to be offal-loving chef Fergus Henderson. Over slices of succulent blood cake, he tells Rachel Cooke how going under the knife cured his Parkinson's

It is always good to see someone attack a plate of langoustines with gusto - to watch them snapping those pearly pink legs and sucking on the white flesh. But to see

Fergus Henderson do it is beyond good; it is great - miraculous, even. A year ago, the chef who made his name selling fiddly, demanding foods to the more discerning eaters of Clerkenwell would have found such a task impossible. Langoustines require steady hands and nimble fingers, neither of which he then possessed. Having been diagnosed with Parkinson's disease in 'around 1998', the tremor in his left arm had, over the years, grown steadily worse. He would, as he puts it, 'windmill all over'. Lunch dates with complicated crustacea were best avoided.

Now, however, he can eat langoustines once again - and anything else he fancies. Last autumn, having been on a waiting list for the past year, Henderson underwent deep brain stimulation, a revolutionary form of surgery which, while it does not cure the disease itself, can help to control a patient's jerks and shakes. In the case of Henderson, his tremor has all but disappeared. He looks down at his hand as if to check. 'There's a little tic coming back into my left side,' he says. 'But that's my fault. I should go and see them and get it adjusted. The volts will come surging into my brain and... all will be well again. Basically, it has gone. It's incredible. I had two weeks of lying around, and then I was bonny again. Being able to eat normally again is a big thing. I've put on weight because I'm not moving around all the time, and they're pounds that are very welcome.'

Henderson is famously equable, and he seems to have taken his surgery, which lasted for four hours and was performed under local anaesthetic, with a customary shrug of the shoulders (when he was first diagnosed, he went out for a good lunch, and soon felt much better about the whole thing). But it must help that he is also so unsqueamish. The marrow bones which always grace the menu at St John are only the half of it; who else could so contentedly detail their brain surgery - with full sound effects - over a plate of blood cakes and fried eggs? I listen to him describe how they opened his head, how he listened to them drilling into his skull, and because his smile is so wide and his voice so matter-of-fact, I find I have no trouble at all with the mushy grey matter of the aforementioned langoustines, or the oozing Stinking Bishop that follows. He might as well be telling me the best way to bake a Madeira cake.

DBS involves the implantation of a wire with four electrodes at its tip into one of three target sites in the brain; it must be carried out under local anaesthetic so that the patient's response to this can be monitored. The wire is then connected to a small unit, rather like a pacemaker, under the skin in the chest, which contains all the necessary equipment to generate electric signals for stimulation. Unlike previous treatments for Parkinson's disease, deep brain stimulation does not damage healthy brain tissue by destroying nerve cells. Instead, the procedure blocks electrical signals from targeted areas. It is reversible, but its effects, so long as the equipment is in place, last indefinitely. It also means patients can dramatically cut back on their other medications, many of which have extremely unpleasant side effects.

Henderson leans forward, so I can see the top of his head. Beneath his hair, I can just about make out two faint scars. With my hand, I trace the path of the wire that connects his brain to his battery; it runs down the back of his neck. Finally, my hand rests on the battery itself. It feels like a matchbox that has somehow got lost. 'It is weird,' he says. 'Once I was wired up, I was convinced something about me might have changed. The result is so amazingly immediate that I wondered: what else has happened to me? But nothing had. I'm still me. They do warn that it can affect your mood, but my mood is very bonny.' Wasn't he scared? 'I think so. I was probably terrified. But in the last year, I'd deteriorated. I looked forward to it in a way. You're in such capable hands, and you know it's going to be good afterwards. So even if it's unpleasant, you're glad you're doing it.'

His operation took place at the National Hospital for Neurology in Bloomsbury, and was carried out by Professor Marwan Hariz, whose DBS team have succeeded in reducing the time this procedure takes - it was developed in Grenoble - from its original 14 hours. It is extremely expensive, and funded half by the NHS and half through charitable donations. First of all, a metal frame is clamped to the patient's head, so that it won't move during the surgery. Even this sounds quite horrifying to me. 'Yes, it was a very fruity day,' says Henderson, who arrived at the hospital, took one look at his ward and fellow patients, and went out to nearby Ciao Bella for lunch in order to steady his nerves. 'You hear everything. But the nurses are angels. You give their hands a squeeze and it's amazing how restorative that is. So you have a brain scan with this thing on, which lasts an hour so they get a good picture of your brain. Then they cut the flaps on your head. Then they drill the holes. Then there's the point where they say: we're just going to cut the membrane on your brain, so you might feel some tugging. And you think: OK, fine, jolly good. And, erm, in they go.'

At this point, Henderson pauses to offer me a slice of his blood cake. Then off he goes again. 'Scchlleuch, scchlleuch,' he says (this is the sound of a membrane being tugged). 'Then they put the electrodes in. I was convinced they were making music. There was a kind of "wooh! wooh!" But maybe I wasn't entirely sane at that point. They can check where these electrodes are, so if you say you suddenly feel sick, they can move them. It's amazing science, but it has a sort of understandable quality to it. I thought they'd be titanium. But they're plastic. Then they sew you up.' He cannot remember much more. 'Brain-poking time isn't like normal time,' he adds. 'And straight afterwards, I hit the morphine. That was rather nice.'

That night, his sister and his wife, Margot, brought sushi to the hospital for his dinner. He tucked in; he felt unexpectedly hungry. 'It was a very loving time,' he says, referring to Margot. 'Very cosy. Suddenly, you're dependent on someone. You're bandaged up and you're feeling very fragile.' As for Margot herself, she began by feeling excited, and then saw the bolts - the ones with which the frame was attached to his head - and suddenly felt horrified. 'He was really weird afterwards, away with the fairies. I think he was in shock. I kept wondering if I was going to get my husband back. He was obsessed with food, and he kept looking at me very meaningfully, you know. It was intense. I've never been more tired. Hospitals are far more tiring than kitchens [she and Fergus used to run the kitchen at the French House together]. He hated being in hospital.'

This last is true, though the two weeks he spent in bed were made more comfortable thanks to food parcels, courtesy of the community of chefs. 'I didn't have to eat hospital food at all. My tray table was laid out like The Ivy. Giorgio [Locatelli] sent me risotto with whole white truffles - the smell must have driven everyone half wild - and Jamie [Oliver] sent me a great feast, and Jeremy from The Ivy [he means Jeremy King, I think, who now owns The Wolseley], and Zuma [a Japanese restaurant in

Knightsbridge]. I'm sure it aided my recovery.' The battery went in after two days, and the effect was immediate: no more windmilling arm. 'It's amazing the way the brain adapts. It's as if you forget what it was like before.' His three children were equally unphased. 'One I'm day I'm moving around, the next day I'm still. They just thought: fair enough.' Sometimes, a patient's speech is affected. 'But I've always mumbled, and I could do a good, long R. So I went home.'

By now, Henderson has drunk most of a bottle of red wine, and a glass of Poire William, and has smoked a couple of cigarettes. 'I gave up drinking for a month before the operation, and they were quite keen that I give up smoking, too, but then they said: "OK, one thing will do." Afterwards, I wasn't allowed to drink for a while, but then there was soon some festivity that seemed like a good moment to try it, and it seems to be fine.' He has been back in the kitchen, though not yet in that of St John. 'I'm out of the swing of things. We're trying to work out a way of getting me back in.' I ask what other activities he has reclaimed. He thinks for a while and says: 'Well, eating is a big thing,' and bites on an Eccles cake. (Perhaps this is why he has finally started on a follow-up to Nose to Tail Eating, the St John cookbook.) The simple truth is, he is not a man to make a fuss, no matter how extraordinary the turn of events. He will praise his doctors, and the admirable people at the Parkinson's Appeal, who made the whole thing possible, to the skies - but for his own part, he would rather just get on with life, the same as he always did. 'When I used to twitch, people were always very nice,' he says. So I leave it to Margot to capture the transformation. 'Oh, he was a mess. At drinks parties, he would hit people, he would sweat. But now he can do anything. It's amazing. It's brilliant. His whole world has changed.'

- St John, 26 St John Street, London EC1

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