

The ninth annual short story competition

The Mogford Prize  
for Food & Drink Writing 2021

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‘An Acquired Taste’

*by Emma Teichmann*

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**Short List Runner Up**

The judges for 2021...

Mick Herron & Lemn Sissay MBE



‘An Acquired Taste’

It usually falls under cosmetic surgery, in which case the Public Health Service won't cover it and you have to fork out for private care, but as I'd lost mine in a road accident they said the procedure would be free – or, rather, at the expense of the tax payer. It seemed like a no-brainer.

This was almost a year after the collision. When I was thrown from my motorbike, having clipped the side of a dairy truck as I came round a corner just a little too fast and wide, my immediate worries were the shattered pelvis, ruptured spleen and brain bleed, my skull partially caving in when my helmet cracked like an egg against the concrete.

It was, I was told, a miracle I survived, though it didn't feel that way as I lay in my hospital bed. I was nil by mouth the first week as I went in and out of theatre. My jaw and nose were also broken, and even when I was finally able to – slowly, cautiously – imbibe a liquid meal, it was only a sludge-green smoothie. It didn't look like it should taste of anything, so I wasn't surprised when it didn't.

As I got stronger and began to feel a semblance of my normal self, I would stop a passing nurse to ask, “What’s for dinner?” When she said, “Still smoothies, I’m afraid” I’d groan, “Not again! Let me have a proper meal,” singing after her, “*Little Tommy Tucker sings for his supper. What shall we give him? White bread and bu--tter...*” my words slurred and drunk-sounding.

All that time I was blissfully unaware of what I’d lost. Only when I progressed to the main hospital menu did I realise something wasn’t right, because although a lukewarm chicken breast and veg drowned in gloopy gravy is nothing to write home about, it should still have had *something* about it – some taste, even if a bland, perhaps slightly bitter, one. But I could have been eating cardboard or caviar for all I knew.

“Something’s wrong,” I told the nurse. “I can’t taste anything.”

The doctor was called and tests were performed. “You’re suffering from ageusia,” she informed me. “You also appear to have retronasal anosmia, though your orthonasal olfactory function seems fine.”

“What does that mean?”

“You can no longer taste anything.”

“I know *that*. But will it ever return?”

“Unfortunately, in cases of underlying trauma, the patient rarely recovers much, if any, sensation.”

“I’m so sorry,” said the nurse later on. She’d known how much I’d been looking forward to my meal.

At first, I tried to make light of it. Dining with friends, I raised my glass of water and said, “Hey, now I can turn water into wine.” They laughed a little too loudly at my feeble attempt at a joke.

Another time I said, “If I’d known it was to be my last supper, I would have ordered a starter and dessert.”

As the doctor had established, my sense of smell was still working. But this was even more intolerable; my anticipation would be piqued by some delicious aroma only for all flavour to disappear as the food entered my mouth. It was as though taste were on the tip of my tongue, if I could only find it. Chewy food became anathema as I slowly worked it round and round, my poor tongue expecting, *hoping* to meet with some flavour, always disappointed. I tried to find pleasure in textures, but it was a poor substitute.

Dinner invitations stopped coming; people felt tactless if they asked me round to eat, and my social calendar gradually emptied. Before the accident, I’d taken for granted the shared experience of eating as social lubricant, aphrodisiac, or diurnal ritual. I tried for a time to fake it, pretending I was taking as much pleasure from the tasteless clumps in my mouth as the people beside me. But I wasn’t fooling anyone; whenever I muttered, “Mm, delicious,” my neighbours tried to hide their disbelief.

Eating became a chore. I forced myself to sit down each mealtime and work my way through the food – chosen purely for ease and economy – but the joy had gone. Staggering

to the fridge one night, I managed to down a pint of rancid milk, only realising what I'd done when I reached the curdled bottom.

Like a dreaded ex, food kept appearing, uninvited, to remind me of what I'd lost. Vending machines, kebab vans, complimentary snacks, train trolleys, a takeaway delivered to the wrong address ... And, of course, countless cafés, bars and restaurants. I'm not a particularly emotional man, but I broke down in the street one summer afternoon after navigating past an al fresco dining area. Dreamy pasta sauces, crisp lasagne sheets, a vibrant Caesar salad, the runny yolk of an egg cracked over an enormous woodfired pizza, washed down by carafes of dazzling wine ... It was all too much.

Months later, reading the paper as I glumly spooned porridge into my mouth, I came across a potential solution to my misery. Under the headline *An Acquired Taste*, the article described how food critic Roos Janssen had recently undergone an innovative treatment to become a supertaster, able to discern components of food undetectable by most. The patented *SensoMe™* procedure, which involved the latest in nanotechnology, had been developed by a Silicon Valley start-up and was now being rolled out over here. All very science fiction.

Privately, the procedure cost eighteen thousand pounds, but some PHS Trusts were offering it free to patients who had

suffered total loss of taste due to ... the list included trauma. I made further enquiries, and finally managed to get onto a waiting list. And I waited.

At my initial consultation, the young and eager Dr Galbraith explained the process using friendly infographics: tiny robotic receptors were grafted onto the patient's tongue and throat, and a transmitter like a minuscule Mars rover was embedded in the brain's gustatory cortex. Bionic receptors shot electro-pulses along cranial nerves to the transmitter, whose signal was sensed by neurons and interpreted bimodally as a taste or flavour.

"Is it dangerous?" I asked.

"Any invasive procedure has risks," said Dr Galbraith, "but the dangers here are minimal."

"Even though you're playing around inside people's brains?"

"It's fairly straightforward. We create a flap in the skull behind the ear, then make a tiny incision, implanting the transmitter – the size of a pinhead – into the AI/FO. Removal is less straightforward, but why would you want to?"

"Would you have it done, if you'd lost your taste?"

"Yes," he said, "I would."

The procedure, under general anaesthetic, would take a few hours, and I'd need to stay in hospital a couple of nights. I could look forward to eating a proper meal the following week – as soon as the micro lacerations on my tongue healed.

I was given a large wad of papers to take home and sign.

“You can apply for PHS funding, if you wish,” Dr Galbraith said. “Be aware that demand is high. I’d return these as soon as you can.”

There was an enormous quantity of information – more than I could absorb – but I read the headline points before signing. Two days later I received confirmation: booked in at the end of the month.

The night before the surgery, I visited my favourite restaurant, Bow Thai. I hadn’t entered its flamingo pink doors since the accident. I knew the sight of the dipping sauces alone would undo me. Throw in some succulent spring rolls, a fat fishcake, delicate glass noodle salad and rich pork stew and I might never find my way back from the abyss. Now, though, I wanted to spend one evening there before my taste returned, to commit to memory just how flat an experience, *a life*, was, devoid of flavour.

The head waiter recognised me and hurried over. “It’s been so long!” he said with outstretched arms. “What trouble have you been getting yourself into?”

I couldn’t bring myself to tell him. “I’ve been very ill,” I said, “but I’m on the mend now.”

He bowed his head and showed me to a corner table. I perused the menu; still the same. I ordered the Feast for Two – a selection of starters served up on a tiered plate – followed by a panang chicken curry. The head waiter brought me a drink

‘on the house’. It fizzed and sparkled. “To your health,” he said.

An enormous quantity of food appeared before me. I worked my way through the flavourless feast, forcing myself to finish.

“Thank you, that was delicious,” I lied. “Can I book the same table for next Thursday?”

“Say aah,” Doctor Galbraith said, peering into my mouth.

“Aaaaah,” I winced as my swollen tongue tensed and flexed. My throat was scratchy, and my head still throbbed from the general anaesthetic.

“Looks good,” he said, nodding. “Probably still feels a little tender. I’ll prescribe 100 milligrams of tramadol – one every six hours for the next couple of days. The pain shouldn’t last long; the tongue is a quick healer.”

He unwound the bandage covering the flap of skull behind my ear, nodded again. “Dr Cornish’s stitches look good.”

“When can I eat something?” I slurred.

“As soon as you feel able. I’d leave it tonight, but you can ease yourself in tomorrow.”

The following lunchtime the nurse brought round cream of mushroom soup. She smiled as she placed the steaming bowl in front of me.

She stood at the foot of my bed, waiting to see my reaction. I spooned the thick grey liquid into my mouth. My tongue felt

electrified: autumn days, smoky bonfires and wet earth. The nuttiness of the mushrooms. The comfort of cream. I wanted to cry with relief.

The nurse laughed. “That good?”

“Oh yes,” I said.

I was discharged the next day. I stopped at the supermarket and stocked up on soups. My tongue needed a few more days healing before I could chew. There was a time that three days of soup would have equalled despair. But now pea consommé had depth, and 58p own-brand gazpacho gave real pleasure. Yes, I’d been starved of taste for an eternity, but SensoMe™ seemed to add new dimensions to the eating experience. No wonder it was sought-after. I felt a certain smugness, having got it for free. And I planned my first proper meal at Bow Thai.

Thursday evening came. I’d decided against bringing a friend; I wanted to focus on the food. The dishes arrived with the elegance and splendour of a bridal procession. The aroma seemed even headier than last week, stirring my already roused appetite. I picked up a delicate chicken kebab and dipped it in the pungent satay sauce, brought it to my lips, welcomed the chicken with my teeth and tongue – and was met by chemical-tasting horror. The sauce was clearly off. What rotten luck!

I turned to the sweetcorn fritters – it is a truth universally acknowledged that nothing deep-fried can be unappetizing. I

bit into the crisp golden pancake. Ugh – a mouthful of oil and charcoal. I tried adding sweet chilli sauce, but its taste was cloying.

I began to panic. But here was my heart’s delight: panang curry. I ravenously forked up a large mouthful, and found it so briny that I automatically reached for my as yet untouched wine to dilute the saltiness.

“Phhh!” I spat out the wine – or was it vinegar? “What the hell!”

The waiter hurried over. “Is everything okay, sir?”

“No, it’s – ” I was reeling. “I think I’d like the bill.”

The waiter stared at the untouched food for a moment. “Of course, sir, right away.”

I called the hospital first thing Monday morning. “I need to speak to a Doctor,” I told the receptionist. “Something’s wrong with my taste.”

“If you’re calling about SensoMe™ there’s a waiting list,” he said.

“No, I’ve already got it,” I said. “But there’s something wrong. I’m not tasting things the right way.”

“What do you mean?”

“The tastes are all wrong ...”

“Can tastes be wrong?” he asked, sounding genuinely interested. “Aren’t tastes just tastes?”

“This is no time for philosophy,” I snapped. “I need to speak to someone who can fix it.”

Eventually I was transferred to a woman who described herself as an Aftercare Practitioner. “Are you a Doctor?”

I asked.

“No,” she said, “but hopefully I can help, or else direct you to the right member of our team.”

She listened patiently as I described my experience at Bow Thai.

“You got a PHS-funded SensoMe™ device,” she said, obviously reading from an electronic file.

“Yes,” I said impatiently, “I lost my taste in a road traffic accident.”

“I’m sorry, sir, but as the terms and conditions state, all PHS-funded SensoMe™ devices are programmed to encourage healthy eating. The aim is to ensure people who have had the devices fitted do not become an unnecessary burden on the PHS.”

“What are you talking about?”

“It should have been in the papers you were given. Patients receiving the treatment through the PHS have aversions to certain unhealthy foods. Saturated fats, high salt or sugar levels. Alcohol, too, I believe is on the list.”

I felt sick. “You can reprogramme the device, though, can’t you?”

“I don’t think so,” she said. “I’m just the Aftercare Practitioner, but I believe once it’s in ...”

There was a strange ringing in my ears. I kept hearing the doctor’s voice saying, “Removal is not so straightforward, but why would you want to?”



