on the ground tear out the pages with their beaks, one by one. I was with him in the room when one such ritual began, but he reassured me that it was quite alright, it was their bookcase.

Certainly the most important bird in my life was a great Brazilian owl (*Pulsatrix perspicillata*). I was at a raffle in Coari on the river Amazon. We were drinking in the square and bought tickets without thinking. One of my companions won the owl and immediately gave it to me as a present (wise man). You do not refuse such spontaneous generosity in Brazil. It had a chain around its leg so I secured it to the ship's rail and slept heavily. Next day the boat was moving when I woke up and the owl was asleep; its great eyelids closed, hunched on the rail like an old man. It was beautifully marked in black, brown, and white and was about three times the size of the English barn owl. Only in the evening did it awake to fix me with fathomless, emotionless golden eyes with

a nictating membrane like a cat. It made no noise, not even when it spread its wings, and it followed all movements with close attention. It did not need to move its body for its neck seemed capable of 360° rotation because of the axis-atlas relation of its cervical spine. Our problem was we had only a few hours together because I go to bed early but it travelled up and down the river without turning a feather, defecating over the rail into the water. It was not popular with the crew, however, because it would eat only fillet of beef—all other cuts were viewed askance by my wise owl. We were short of food and had only one fillet, which I naturally reserved for the owl much to my companions' disgust. On return to Manaus I gave it to the zoological gardens because, as T M White showed in his book *The Goshawk*, looking after a bird of prey is a full time job and I already had a job in medicine.

A guide to GMT (Green Medical Transport)

Stephen Head

Winter Monday mornings will never be the same again: wide awake, warm with an inner glow, and feeling with much cause a healthier doctor on a healthier planet. You will arrive at work wide awake and raring to go: no more driving to work on automatic pilot, waking up somewhere between the cup of coffee at 10 and the 20th patient at 11. At the end of the day the gentle ride home, maybe under starry skies, means that you arrive home relaxed and ready for the evening's pleasures. Winters will be less depressing. Each month and weather pattern will bring its own special pleasures. You will find again an intimacy with the outdoors lost with childhood for most professional people. In turn your outlook will be more "green," more environmentally sensitive, you will gain double pleasure from not spraying exhaust fumes into the only world in which you have a stake.

Relations with patients will change too. On a bicycle you see people in far more detail, who is smoking (when they said they weren't) or who is out walking (when they said they couldn't). Patients like the arrival by bicycle. There is something "democratic" about it: while the car alienates the health professional from their community, the bicycle unites.

A reservation people often express about cycling concerns sweating; if you cycle enough, however, you will sweat no more than if arriving by car. The balance between heat generated and heat lost through cycling has been eloquently described.¹ The effect of constant motion through the atmosphere promotes heat loss and prevents what might be a catastrophic let alone socially undesirable state of overheating. For short journeys cars are quite tedious compared with the civilised alternative of the bicycle. Car insides are so uncomfortable: misty and clammy when the weather is damp and unbearably hot in the sun (a peculiarly equitable reminder of the greenhouse effect and its cause). Even in dense fog cycling is far less tiring and more comfortable than driving. Parking problems are avoided. In busy traffic progress is quicker. In quiet traffic there is a chance to take in the scene while making steady progress. Cycling can be as pleasant on city streets as in the country—the bicycle is certainly the best way to view contemporary urban Britain.

You will be fitter too. If you are the sort of person who can run blindly round a track or "invent" things to do to make you exercise you may not need cycling. If, however, like many doctors you must be task orientated to be happy cycling is for you. There is a price to pay for all these benefits. Cycling is dangerous. Larger faster vehicles tend to allow inadequate space for cyclists. On busy roads in wet weather spray from heavy lorries can be not only unpleasant but also very dirty. A flag that sticks out about 45 cm on the bicycle's offside helps reserve a little more room; a sign on your coat saying doctor might reserve more—but seems like a major cheat.

Velocipede or Muddy Fox

The secret of choosing the correct bicycle lies in choosing the correct cycle dealer. Sadly most know (and care) nothing of your needs or are so appallingly committed to cycling that they are only interested in

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Comfortable, stable, good with loads and in the wet—touring bicycles make ideal GMT

The flashing doctor—green for emergency and green for ecology. You will always wear a helmet and bright clothing at night

and understood by cofanatics. Seek help in finding a dealer from an older, serious cyclist if you know one; or ask a marshal during a quiet moment in a road race. The good cycle dealer you need will listen as you explain your requirements, offering support and guidance in non-technical language. They are most likely to be found in a large independent cycle shop near the centre of a large town. They will emphasise the need for the correct size of bike and frame type. They will succeed in persuading you to spend more money than you had intended because you will get a far better bicycle, which you are therefore more likely to use. Money should not be any doctor's primary constraint in choice of machine, and in any case savings on motoring costs of several hundred pounds a year are possible.

Unless you have strong views to the contrary you will end up with either a touring bicycle or an all terrain bike (mountain bike). Both are equally suited to medical practice (rugged, comfortable, fair performance, good in the wet and with loads). You will choose the tourer if you also wish to potter the lanes of England or an all terrain bike if you wish to traverse rugged country. Do have dérailleur gears, drop handlebars, and lightweight accessories to complement your lightweight (expensive) frame—time will teach you the wisdom of this advice. After six months' cycling have toeclips fitted, you will be used to them after a further 5 km and wonder how you ever managed without.

Anyone who is busy and has a fair bit of money must find a good bicycle repair person and trust them to deal with maintenance and repairs. This may be the dealer who sold you the bicycle or perhaps someone nearer; maybe a young enthusiast glad of the money. You will carry a spare inner tube (it is not cost effective for people with incomes of over £12 000 to repair punctures) and essential tools for roadside repairs. These are easier than changing a motor car's wheel, and you can always give up and call a taxi.

Sou'westers, saddle bags, and showers

Clothing for combined medical practice and cycling is most difficult in summer. A short sleeved shirt with an optional tie (put on for the visits but removed for

journeys of over 3 km) and a pair of lightweight stretch trousers make a fair compromise. In winter ordinary "white collar" clothing can be worn under a lightweight topcoat with a scarf in the neck, not only to keep out the cold but to protect the collar from the spray of heavy vehicles. All year round you carry full water-proofs—that is, overtrousers and jacket—capas do not allow hand signals, are unwieldy, and do not protect the legs from spray. You will also normally want to carry full lighting. You will wear bright clothing at night and a helmet at all times. With a selection of saddle, pannier, and front bags available, plus luggage carriers, a comprehensive range of medical equipment can be carried on a bicycle, though a small diagnostic bag is often adequate. In some areas security can be a problem so it is better to travel light and take it all with you from the parked machine.

Some rearrangement at work may be needed to accommodate the cycling doctor. If you work at one base you will want adequate changing and shower facilities there.¹ If you travel during the day attending patients, meetings, or hospitals you will need adequate time to complete these journeys at a possibly slower pace. In general practice you will want a daytime emergency rota so that you are not on duty for emergency visits except on a proportion of days (when sadly you may have to stoop to the use of a motor vehicle). You may not cycle when it is very frosty or very wet, but, in practice, you can probably cycle on about three quarters of your working days.

Once an established cyclist you may pursue your new activity further. A second bicycle not only provides flexibility if the other is off the road but you can also have different types to suit different conditions and use. You might have a lightweight racing bike for quick short journeys or a tandem to take the family. Perhaps you will contemplate a cycling holiday. Most experienced cyclists can cover 95 km a day with little trouble, many fitter cyclists over 160 km. Will you apply for, and will the NHS grant, extended leave to permit cycling holidays beyond Britain and near Europe? When the answer is yes the NHS will be truly greened.

I thank Dr M D Barrett for the photographs.

- 1 Williams R. De sanitate urbanorum. *Br Med J* 1979;ii:1617-22.
- 2 Gray M, Keeble B. Greening the NHS. *Br Med J* 1989;299:4-5.

Bergen, Norway