

*Doing Qualitative Research: Research Methods for Primary Care* (Vol 3). B.F. Crabtree and W.L. Miller (eds). Sage Publications, Newberry Park, NJ, 1992, 276 pp, \$39.95 (paper, \$18.95). ISBN 0-8039-4311-3 (paper, ISBN 0-8039-4312-1).

*Doing Qualitative Research* is the sourcebook for the 90s for anyone interested in either learning or doing qualitative research. Crabtree and Miller review the many and various qualitative methods in a comprehensive and systematic treatment. The book is well organized and well written. It covers the field of qualitative research in six parts: (1) overview, (2) data collection, (3) analysis, (4) special cases of analysis, (5) completed studies, and (6) summary.

The opening overview presents a clear and comprehensive discussion of the theoretical basis of qualitative research. The chapter is a "must read" for anyone who wishes to compare the qualitative and quantitative methods. The six figures in chapter 1 entitled "Typology and Road Map" explain the whole field of qualitative research. The figures on "materialistic inquiry," "constructivist inquiry," and "ecological inquiry" clarify the new paradigm that needs qualitative research as its methodology. The other three figures make clear the map of data collection techniques, different analysis styles, and research traditions and techniques.

Part 2, on data collection, contains an excellent chapter on sampling issues in qualitative research. Your questions about N randomness, validity and reliability issues, and more are answered here. The two chapters on participant observation and key informant interviews are very well done. They leave the reader with the sense that "I understand it now, I could try it."

Parts 3 and 4, on analysis, contain three special cases of analysis. These chapters give the reader three techniques to use and three research formats with which to become familiar. The techniques reviewed are: (1) codebooks, (2) computer management, and (3) audio tape/videotape. The methods reviewed are: (1) grounded hermeneutic research, (2) historical methods, and (3) philosophical approaches.

Part 5 has two examples of completed studies which whet one's appetite to try qualitative research. One chapter uses open-ended interviewing of groups and ethnographic participant observa-

tion to research health promotion activities. The other chapter uses focus groups and surveys with codebooks and computer software to research physician-caregiver relationships.

Part 6 contains the summary chapter. It presents the perspective of a metrician, a family physician, and the editors. All three views are valuable and insightful.

If you are generally interested in research, you must read this book to stay informed in the developing specialty of qualitative research. If you wish to learn or do qualitative research, this book is an excellent map to the field.

Gerald T. Terlep, PhD  
St Clair Shores, Michigan

*Marketing Your Clinical Practice: Ethically, Effectively, Economically*. Neil Baum and Gretchen Henkel. Aspen Publishers, Rockville, MD, 1992, 295 pp, \$59.00. ISBN 0-8342-0233-6.

*Marketing Your Clinical Practice* is well written and well illustrated with excellent tables and figures. The text is easy to read and often entertaining. Baum and Henkel describe three basic components of successfully marketing a practice. These include attention to current patients; attracting new patients; and having a staff motivated to care for those patients. These components are not those of traditional marketing; however, the authors fully develop each component, explaining its impact.

The first third of the book focuses on the patients currently in a practice. The practice needs to keep these patients, the authors say, because if satisfied, they will participate in word-of-mouth advertising, an inexpensive yet effective marketing tool. Numerous ideas are developed, all of which I found to be imaginative, practical, and suitable for every practice whether it is seeking more patients or not. Some suggestions include having *fresh* flowers and *current* magazines in the reception area (note: not the waiting room). Additionally the authors note the importance of staying on time and conducting patient satisfaction surveys. Each suggestion is accompanied by a concise clarification of its usefulness and, more important, ideas to help implement changes. The strategies for staying on time were very practical, while the suggestions for patient satisfaction surveys were more complicated.

Many of the book's suggestions encompass the ideas involved in Total Quality Management: know who your customers are, find out what they think of your service, and strive for improvement.

The next section of the book looks at external marketing. Like the first part, every aspect is fully explored and developed. This ranges from advice on placing an advertisement in the Yellow Pages (examples are given) to use of direct marketing flyers, to starting support groups, to engaging in public speaking. Additionally, there are chapters on increasing referrals (Baum is a urologist). I found these chapters to be enlightening. It was interesting to see how a specialist looks at the referral relationship. Physicians interested in community-oriented primary care will be disappointed with the lack of attention to assessing a community's needs.

The final section of the book is devoted to staff motivation. This is an excellent treatise on doctor-staff and staff-patient relations. A motivated staff will naturally increase the desirability and marketability of a practice and enlightened staff members will increase patient volume on their own. This section presents many basic management techniques. For example, there is a chapter explaining how to hire the "perfect" staff. The final chapters present some "extras" to consider, from the use of computers to hiring a marketing consultant.

Physicians who are turned off by the traditional texts on marketing should consider this book. Although there is attention to standard marketing strategies such as advertising, there is a particular focus on improving the "attractiveness" of the clinical practice. Patient volume will increase from following the ideas in this book and so will the quality of care provided.

Robert A. Baldor, MD  
Worcester, Massachusetts

## Software Reviews

Gary N. Fox, MD, Section Editor

*Pocket PDR* (1992). Distributed by Medical Economics, Inc, 5 Paragon Drive, Montvale, NJ 07645. \$299 (\$89 for update card only).

DOCUMENTATION: *User's Guide* (47 pages) and *Quick Reference Card*

# YOCON<sup>®</sup>

## Yohimbine HCl

**Description:** Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubiaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

**Action:** Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

**Indications:** Yocon<sup>®</sup> is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

**Contraindications:** Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

**Warning:** Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

**Adverse Reactions:** Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral alpha-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.<sup>1-3</sup> Also dizziness, headache, skin flushing reported when used orally.<sup>1-3</sup>

**Dosage and Administration:** Experimental dosage reported in treatment of erectile impotence.<sup>1-3</sup> 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to 1/2 tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.<sup>1</sup>

**How Supplied:** Oral tablets of YOCON<sup>®</sup> 1/12 gr. 5.4mg in bottles of 100's NDC 53159-001-01, 1000's NDC 53159-001-10 and Blister-Paks of 30's NDC 53159-001-30

#### References:

1. A. Morales et al., New England Journal of Medicine: 1221, November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.



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### Book Reviews

**HOW SUPPLIED:** Palmtop computer with proprietary software.

**GUARANTEE:** 90 days (on hardware and each data card)

**TOLL-FREE SUPPORT:** Yes, 1-800-232-7379.

The *Pocket PDR* is a self-contained computer designed to make the *Physicians' Desk Reference (PDR)* more portable. It provides access to information on every drug described in the *PDR*, but it only weighs 300 g and measures 15.5 × 8.5 × 2 cm (when closed), small enough to fit into a lab coat pocket. In the original *Pocket PDR*, verbatim information from the *PDR* could be rapidly retrieved concerning Contraindications, Warnings, Dosage and Administration, Generic Name, and Manufacturer. In addition to the updated drug information, the new 1992 data card includes three other categories of information: Indications, Adverse Reactions, and How Supplied.

The *Pocket PDR* main menu offers six choices: Find Drug, Find Word, Bookmark, Notepad, Calculator, and Mode. Find Drug enables one to search by brand or generic name. Find Word enables users to locate words, up to a combination of four, anywhere in the *Pocket PDR's* text. It is possible to search within the same product entry or the same topic, and it is possible to retrieve up to 100 listings. Bookmark makes it possible to mark up to 20 frequently used products for easy retrieval. Notepad provides the capability to enter any information desired. The Calculator performs basic arithmetic functions. Mode includes such options as Setting Alarm and Setting Clock/Date.

The *Pocket PDR* has several advantages. Because of its size, it is certainly more portable than the printed *PDR*. The capability to search eliminates the need for an index. The Calculator and Notepad functions eliminate the need for other pieces of equipment.

Although *Pocket PDR* has made the *PDR* portable, there are some distracting features. Because it is so compact, the keys are quite small (8 mm in diameter). The marginal quality of the LCD screen and its tendency to drift from the normal viewing angle (135°) to the horizontal interfere with readability.

Whether this is a time-saving device

is questionable. One can certainly retrieve a drug monograph more quickly with the *Pocket PDR* than with the *PDR*. However, it often takes longer to locate the desired information within a monograph in the *Pocket PDR* because each screen contains only six lines of new information, each line reproduces only 2/3 of a line in the *PDR*, and it takes 1 second to change screens.

In *Pocket PDR's* menus, it is necessary to move the cursor up or down to the desired category. Once a category has been selected, it is necessary to return to the main menu and retype the desired word(s) if one wants to examine another item in the list. This is especially distracting if the user wishes to compare "equivalent" drugs or to move quickly to another heading in a drug monograph.

One of the major disadvantages is the lack of standardization of information under the various headings, reflecting the same problem in the *PDR*. Some of the manufacturers include information about dosage strengths and formulations under Description rather than under How Supplied in the *PDR*, which means it is not included in the current *Pocket PDR*. Also, it appears that the publisher wanted to provide easy access to information about potential problems with a drug. It is currently not possible, however, to retrieve information on drug interactions or use during pregnancy (because this information is generally included under Precautions in the *PDR*). The only contraindication for many of the drugs is hypersensitivity to that drug, which is information of low utility.

This option in information technology can be useful to those who prescribe medications in settings where they do not have immediate access to a printed *PDR*. If there is easy access to a *PDR*, however, one must decide whether the portability and the other functions of *Pocket PDR* currently justify its cost. The publisher does have plans to expand software options. In addition to yearly updates of the *PDR*, there will be interchangeable diskettes for such things as additional sections from the *PDR*, the *PDR for Ophthalmology*, the *Merck Manual*, a medical dictionary, and patient files.

Carol A. LaCroix, MD  
Reading, Pennsylvania