

<http://somatosphere.net/?p=4874>

Web Roundup: Technology and storytelling

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Inspired by last month's post, I decided to format this post loosely around the theme of *storytelling*. Storytelling is fundamental to many of our lives, both academic and otherwise, and numerous new formats for telling, collecting, and archiving stories are cropping up. This post focuses on the ways in which technology is shaping and changing the kinds of stories we tell, and the kinds of stories we have access to.

The New York Times made another foray into the world of digital storytelling techniques with a second "[e-single](#)" (their first was in December 2012, with their piece [Snowfall](#), which apparently received nearly 3 million views in the first week it was up, perhaps as many as 1/3 of them from new visitors to the site). This one is on the [Higgs Boson](#).

The "Street" View on [Google Maps](#) now boasts views from three of the Seven Summits (the highest mountains on each continent). They sent a team of "Google Adventurers" to summit Aconcagua (Argentina), Kilimanjaro (Tanzania), and Mount Elbrus (Russia), as well as to climb to Everest Base Camp (Nepal).

Mobile technology is increasingly becoming part of the way we receive health-related stories and information. The rapid growth of "[mHealth](#)" is hardly news; hundreds if not thousands of text message services now deliver semi-personalized health information to [new or expecting mothers](#), people living with [HIV/AIDS](#), and [others](#). Cell phone technology is also used to deliver broad public health messages, as well as to track [outbreaks](#), [supply levels](#), or environmental disasters.

A new cell phone technology developed at UC Berkeley promises to do the reverse: to send a patient's information to a doctor who is neither present, nor necessarily in the same time zone. [Cellscope](#) has designed a "mobile microscope" that can be attached to a smartphone and used to send images of ear infections, eyes, blood smears, and Tuberculosis stains to a physician who can diagnose or assist with the diagnosis without being physically present. This I think raises questions about what kinds of illness narratives are told, how health information is relayed, and what happens to Foucault's idea of the medical gaze if the physician is never physically present, but exists only as some disembodied (translated?)

voice decreeing diagnoses from Someplace Else. This technology is envisioned, among other applications, as a means for providing healthcare to under-served populations (without necessarily building capacity in those places).

[The Economist](#) profiles this, and several other medical devices that bring us closer to the [medical tricorder](#) from Star Trek.

Technology allows medical stories to move not just geographically but also back in time. Using CT scans, researchers have found signs of [atherosclerosis](#) in 34 percent of mummified remains from Egypt, Alaska, Peru, and the Southwestern US.

Medical technology, the promise of “personalized healthcare,” and the complicated ethical questions which necessarily arise are nicely laid out in an [Op-Ed](#) written by Rebecca Skloot (author of [The Immortal Life of Henrietta Lacks](#)). In it, she responds to the publication, last week, of the genome sequence of the HeLa cells, asking, “though their [Lacks’ family’s] consent is not (yet) required for publishing private genetic information from HeLa, should it be? Should we require consent before anyone’s genome is sequenced and published? And what control should gene-sharing family members have?”

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