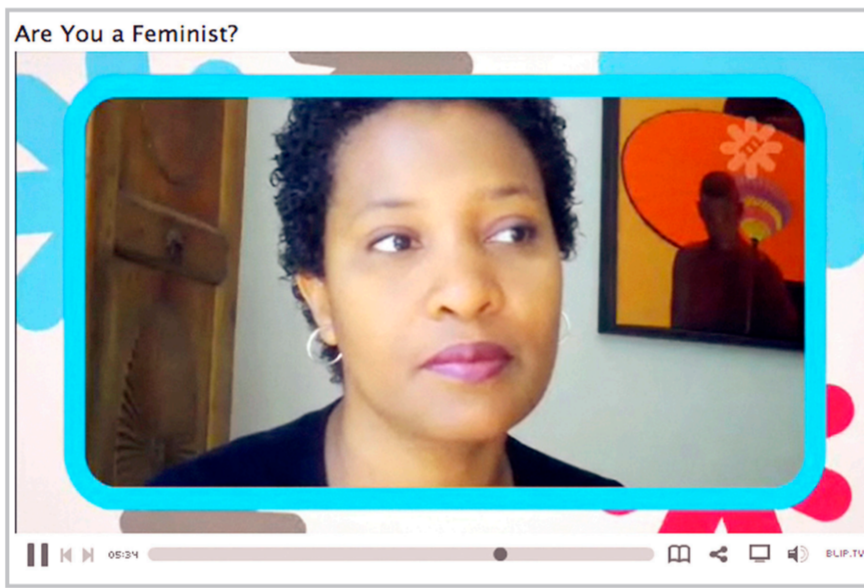


FEATURES



For Internet video, shorter is no longer better



Top: Two years ago David Wain broke the first episode of *Wainy Days* into three parts for the Web. Above: *Monverson* on Blip.tv is relatively long-form, with 20-minute shows.

When motion pictures were first invented at the end of the 19th century, most films were shorter than a minute because of the limitations of technology. A little more than a hundred years later when Web videos were first introduced, they were also cut short, but for social as well as technical reasons. Video creators, by and large, thought their audiences were impatient. A three-minute-long comedy skit? Shrink it to 90 seconds. Slow Internet connections made for tedious viewing, and there were few ads to cover high delivery costs. And so it became the first commandment of online video: Keep it short.

New Web habits, aided by the screen-filling video that faster Internet access allows, are now debunking the rule. As the Internet becomes a jukebox for every imaginable type of video — from baby videos to *Masterpiece Theatre* — producers and advertisers are discovering that users will watch for more than two minutes at a time.

The viral videos of YouTube 1.0 — think dog-on-skateboard and cat-on-keyboard — are being supplemented by a new, more vibrant ecosystem of online video. Production companies are now creating 10- and 20-minute shows for the Internet and writing story arcs for their characters — essentially acting more like television producers, while operating far outside the boundaries of a network schedule. Some are specifically introducing new shows in July with the knowledge that TV networks generally show repeats and reality shows over the summer.

Yet TV networks get much of the credit for the longer-length viewing behavior. In the past two TV seasons, nearly every broadcast show has been

streamed free on the Internet, making users accustomed to watching TV online for 20-plus minutes at a time. By some estimates, one in four Internet customers now uses Hulu, an online home for NBC and Fox shows, every month.

"People are getting more comfortable, for better or for worse, bringing a computer to bed with them," said Dina Kaplan, the co-founder of Blip.tv.

Kaplan's firm distributes dozens of Web series. A year ago all but one of the top 25 shows on her Web servers clocked in at under five minutes. Now, the average video hosted by Blip is 11 minutes long — "surprising even to us," she said. The longest video uploaded in May was 133 minutes long, equivalent to a feature-length film.

Dave Beeler, a producer of *Safety Geeks: SVI*, about a trio who make the world more dangerous as they try to protect it, said the "fallacy that anyone post-MTV has no attention span" is being refuted by the success of original video Web sites.

While online video is not going to replace television anytime soon, it is now decidedly mainstream. About 150 million Internet users in the US watch about 14.5 billion videos a month, according to the measurement firm ComScore, or an average of 97 videos per viewer. Although the Web lacks a standard for video measurement, ComScore says average video durations have

Web videos were once limited to mere minutes, but producers and advertisers are discovering that as computer power increases, so has the attention span of viewers

BY BRIAN STELTER
NY TIMES NEWS SERVICE, NEW YORK

risen slowly but surely in the past year, to an average of 3.4 minutes in March.

To be sure, many of the most-watched videos are still as short as a song. But YouTube, the dominant video destination, recently recognized the viewership trend and added a "Shows" tab to its pages, directing users to long-form TV episodes and movies. Jon Gibs, a vice president for media analytics for Nielsen, said online video — projected by eMarketer to be a US\$1 billion business in 2011 — is at a pivotal point.

"Historically it has been very much a clip-based experience online," he said. "We believe we are moving into a transition period where more of that viewership is going toward long-form video."

Dancing With the Stars, the popular ABC reality show, draws almost 2 million viewers to ABC.com, according to Nielsen.

But much of the video innovation is coming from people who — empowered by inexpensive editing equipment and virtually no distribution costs — are creating content specifically for an online audience.

"On the Web, producers have this delicious freedom to produce content as long as it should be. They're starting to take advantage of that," Kaplan said.

What took so long? Tom Konkle, Beeler's production partner on *Safety Geeks*, suggested

that the shorter-is-better rule reflected limitations in Internet speed and server space. As computer power has improved, the video experience has too.

"A few years ago, three minutes 'watching' your computer felt like a novelty; now, it's as familiar as your television set," he said.

Two years ago, when the comedian David Wain was stitching together the first episode of his series *Wainy Days*, he called Rob Barnett, a co-founder of the video distribution site My Damn Channel, and asked whether a nine-minute video would seem drawn out. Barnett deferred to the creator, and an hour later Wain called back with his mind made up: He'd slice the first episode into three parts.

"I bet you, if this phone call happened today, we'd go with a nine-minute piece," Barnett said. "I think it comes down to quality winning out over minutes and seconds."

In short, the storytelling is superseding the stopwatch. "If there's good storytelling and good production values, people are willing to engage with the content," said Eric Berger, a senior vice president of Crackle, the Sony video site.

More than anything else, the longer viewing spans may speak to the maturation of the medium itself. Konkle noted that the first kinoscopes, in the 1890s, were about 30 seconds long, because the format required outrageously long strips of film.

"It was also accepted as fact that 30 seconds made for a good kinoscope. This is what filmmakers thought the audience could handle," Konkle said. "It probably felt like a giant dangerous leap to short films of three minutes." Blockbuster movies now, of course, are measured by the hour, not the second; the most popular one last year, *The Dark Knight*, clocked in at two and a half hours.

[HEALTH]

When acid reflux is only part of the problem

Bile reflux can lead to serious, sometimes life-threatening problems, including stomach ulcers and Barrett's esophagus, a possible precursor to cancer

BY JANE E. BRODY
NY TIMES NEWS SERVICE, NEW YORK

In describing an instance of intense anger, you might say, as a figure of speech, that bile rose in your throat. But for some people bile does indeed rise, perhaps not as far as the throat but far enough to cause digestive distress and serious damage to the lining of the stomach and esophagus.

The symptoms are similar to heartburn, and many sufferers are told they have gastroesophageal reflux disease, known as acid reflux. Yet treatment with popular remedies for acid reflux, like the acid-suppressing proton-pump inhibitors Prilosec, Prevacid and Nexium, fails to work or gives only partial relief.

That's because acid reflux is, at most, only part of the problem. The main culprit is bile reflux, a back-up of digestive fluid that is supposed to remain in the small intestine, where it aids the digestion of fats.

Bile is not acid. It's an alkaline fluid consisting of bile salts, bile pigments, cholesterol and lecithin. It is produced by the liver, stored in the gallbladder and released intermittently into the duodenum, the upper part of the small intestine, when needed to digest fat. (Bile continues to be produced as a digestive aid even after the gallbladder is removed.)

Misdiagnosis of bile reflux and failure to control it can result in serious, sometimes life-threatening problems — stomach ulcers that bleed and Barrett's esophagus, a possible

precursor to esophageal cancer. Yet misdiagnosis is common, and even when the condition is properly identified, doctors are often fatalistic about its management.

'SHADOW LAND'

Raymond Kozma of Staten Island, New York, said his wife, Lynne, 52, developed bile reflux after surgery to remove her gallbladder and had been "in constant daily pain" for the last two years.

"We have had doctors say everything from 'There's no such thing as bile reflux' to 'There's bile reflux but we can't do anything about it' to 'You just have to learn to live with the pain,'" Kozma wrote in an e-mail message. He urged me to write about the condition, saying that "thousands of suffering people live in a 'shadow land' because of the denial and disinterest of the medical profession" in bile reflux.

Although the condition is certainly not unknown, there is a relative lack of information on it in major medical journals read by nonspecialists. Kozma said his wife had now developed Barrett's esophagus and, instead of being offered treatment, was told to return in three years to have another endoscopic look at her damaged esophagus. "What are we supposed to do? Wait and see if this develops into cancer?"

No one with bile reflux needs to just wait for worse to come, although the remedies are not as simple and well known as they are for acid reflux. The condition usually can be managed with

medications, but severe cases may require surgery.

SYMPTOMS AND CAUSES

Both acid reflux and bile reflux may afflict the same person, which can make diagnosis a challenge. But the stomach inflammation that results from bile reflux often causes a burning or gnawing pain in the upper abdomen that is not felt with acid reflux, according to experts at the Mayo Clinic. Other symptoms of bile reflux may include frequent heartburn (the main symptom of acid reflux), nausea, vomiting bile, sometimes a cough or hoarseness and unintended weight loss.

A brief anatomy lesson makes the problem easier to understand. The main organs of the digestive tract are separated by valvelike tissues that, when functioning properly, allow food and digestive fluids to pass in only one direction: down. Thus, as food and liquids pass through the digestive process, they normally travel from the mouth to the throat, then down the esophagus into the stomach, and finally into the small intestine. The opening between the esophagus and stomach, a muscular ring called the lower esophageal sphincter, is meant to keep stomach acid from backing up. When it malfunctions, acid reflux — chronic heartburn — is the usual result.

Likewise, the pyloric valve, the muscular ring between the stomach and small intestine, is supposed to open just enough to permit a few milliliters of liquefied food to pass into the small

intestine, but not enough to allow bile to back up into the stomach. When this valve fails to close properly, refluxed bile can cause gastritis, an irritation and inflammation of the stomach lining. Untreated, that can result in a bleeding ulcer or even stomach cancer.

If the esophageal sphincter malfunctions at the same time, or there is a build-up of pressure in the stomach, bile and acid can reach the lower portion of the esophagus, inflaming the delicate lining of this organ. If the problem persists, it can cause scarring that narrows the esophagus, which may result in choking, or the cellular abnormality called Barrett's esophagus, which can become precancerous and eventually develop into cancer that is nearly always fatal.

Gastroenterologists have recently demonstrated that Barrett's esophagus can often be effectively treated with radiofrequency therapy, which might help patients like Kozma.

Bile reflux can occur as a complication of certain surgeries, like the gallbladder surgery Kozma underwent. More often, though, damage to the pyloric valve results from gastric surgery — total removal of the stomach or the gastric bypass operation used to treat morbid obesity.

Occasionally, the pyloric valve is obstructed by a peptic ulcer, for example, or scar tissue, which prevents the valve from opening enough to permit quick transport of stomach contents into the intestine. That causes pressure to build up in the stomach, pushing both acid and bile

into the esophagus.

DIAGNOSIS AND TREATMENT

The main diagnostic tests include an endoscopic examination of the esophagus and stomach to check for inflammation or ulceration; a test to check for acid in the esophagus (this would be negative if bile reflux is the only problem), and a test to determine if gas or liquids reflux into the esophagus.

A medication called ursodeoxycholic acid can be prescribed to promote the flow of bile and reduce the symptoms and pain of bile reflux. Other drugs might be used to speed the rate at which food leaves the stomach.

Surgery is a treatment of last resort, used if nothing else reduces severe symptoms of bile reflux or when the esophagus develops precancerous changes. The most common operation, called Roux-en-Y surgery, involves creation of a new connection to the small intestine to keep bile away from the stomach.

If acid reflux is also a problem, treatment with a proton-pump inhibitor should help, as should nonmedical remedies including weight loss; limiting high-fat foods and alcohol; avoiding carbonated and acidic beverages, spicy foods, onions, vinegar, chocolate and mint; eating small meals; practicing stress-reducing techniques like meditation or exercise; not eating within two to three hours of bedtime; and sleeping with the upper body and head elevated.