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Sommario/riassunto	"My exposure to studies of esophageal function began in the middle of the 20th century and reflects 50 years of clinical experience and testing using new technology. There was growing interest in the development of techniques to study in-vivo function of the human esophagus. Early pioneer work in the laboratory of Charles Code PhD at the Mayo Clinic led the way with studies using nasogastric intubation with small (2-5 mm diameter) catheters in both healthy volunteers and patients with symptoms likely related to esophageal motility abnormalities. These studies were performed in awake non-sedated patients with a limited number of swallows (traditionally 10) of 5 ml volumes of water or saline, using a catheter filled with water or a small air-filled balloon. In the 1950s and 1960s a growing group of enthusiastic investigators joined the ranks of Code's disciples, expanding awareness of manometric findings in patients presenting with dysphagia, regurgitation, heartburn or chest pain so that by the end of the 20th century the terms "esophagology or esophagologist" were often seen. This was stimulated by their use at the regular international meetings for studies of the esophagus organized every 2-4 years by professor Robert Guilli, a Parisian surgeon. At one of these he organized an election such that I was voted by my international colleagues to receive

the title "Pope of Esophagology". Although created in jest, I have enjoyed the respect it carries for many years. I believe that an esophagologist is best defined as a basic or clinical scientist with a focus on studies of esophageal function or disease"--
