

Editorial**CLINICAL ANATOMY: Yesterday –Today – Tomorrow****Andreas H. Weiglein***Institute of Anatomy, Medical University of Graz, Graz, Austria*

Investigating the history of CLINICAL ANATOMY, of the scientific associations and their official journals showed the following results:

In 1977 the first two associations of clinical anatomy were founded almost simultaneously in Europe and in the United States of America, however, without knowing about this parallel development. In both cases surgeons concerned about the anatomy knowledge of medical students and young doctors started to fight for a better anatomical education with more relation to clinical necessities and requirements. In order to support it, peer-reviewed scientific journals were launched in Europe already in 1978 named "Surgical Radiologic Anatomy" and in the United States only in 1988 named "Clinical Anatomy". Mainly for language reasons the British Association always was married to the American Association. In between European and Anglo-american groups the Japanese Research Society of Clinical Anatomy launched its journal in 1983. Later-on many others followed to form similar associations in China, Turkey, Mexico, Romania, Macedonia and finally you followed in Argentina in 2008.

Traditionally all associations organize meetings from twice a year (BACA) to one meeting every other year (AACA and EACA). Only in 2003 most of these organisations met in Graz, Austria, realizing that we all face similar problems.

According to the scientific associations "clinical anatomy" is defined as anatomy in all fields as applied to clinical practice and which cannot fail to interest the clinician. Translated the meaning of "clinical anatomy" is "dissection of lying patients" (clinical: related to the patient in bed; clinein- incline, lie down, be ill) and anatomy (ana tomein – to cut apart, dissect).

Anatomy, however, does not change – at least does not change a lot. What then is the scientific trigger for "anatomy of the hospitalized patient?!" It is the "View" of the anatomy. It is the variation of the surgical and imaging approach of the anatomy. It is the development of surgical and imaging techniques that demand new anatomical approaches and that create new subsections of clinical anatomy. When Wilhelm Conrad Roentgen invented X-rays, "radiologic anatomy" (which means seeing the structures that lie one behind the other) was born. The introduction of Computed Tomography (1977) and Magnetic Resonance scanners (1983) caused a revival topographical anatomy named "sectional anatomy". And the long lasting development of arthroscopy and endoscopy in general created the demand to look at the anatomy from inside, e.g. in arthroscopic anatomy". The demand for scientific teachers that have an overview of anatomy that enables to go into the deep from various aspects is steadily increasing whereas the number of those who are able to fulfil these vacancies. Thus, the future must be the creation of specially trained clinical anatomists that have a strong clinical background. Another international meeting of our various associations to develop common strategies would also be a considerable support to meet the necessities of the future.