After a eucharist at St Columba’s Church, Largs, on the Ayrshire coast, Alan Lyell was buried on 12th November 2007, next to his wife Rachael, in the cemetery on Haylie Brae from which there is a magnificent view over the Firth of Clyde, its islands and mountains, similar to the vista from his family home in Skelmorlie. He died on 2nd November, two days before his 90th birthday. He has left a considerable legacy: the memory of a great clinician and teacher; an eponymous disease, a major teaching hospital centre named in his honour; and a body of literature that is enjoyed for style as well as substance.

“Born into this world during the First World War, I was to be born into medicine during the Second”. After Pembroke College, Cambridge, “I arrived at St Thomas’ Hospital in London just before the Germans started dropping bombs on Poland”. He was inspired by Geoffrey Dowling, “who crouched at his desk in contemplation of the skin, rubbed his chin once or twice and then wrote the diagnosis – eczema, or psoriasis or what have you. But to the question “why is it eczema?” the only answer was “because it looks like it – next patient please sister.” He was intrigued by “the contrast between great knowledge and inability to explain it logically.” He qualified in 1942, becoming houseman at Woking War Hospital to Hugh Wallace who was “to provide the logical steps that made Dowling’s diagnostic abilities intelligible”.

Wounded in action with the RAMC in Normandy, he trained, after recovery, at Aberdeen in 1952, was “not a happy period” – he lacked the necessary “granite in the genes” – but here in 1956 he published the paper from which the terms Toxic Epidermal Necrolysis and Scalded Skin Syndrome have passed into standard nomenclature.’ International recognition followed, “a bit of notoriety”, and he “seized eagerly” the opportunity to take charge of the department in Glasgow Royal Infirmary. “The appointment of Alan Lyell marked a turning point”, as he turned insularity into co-operation, sowing the seeds of a future fully-integrated service, and elevated the status of dermatology in the West of Scotland.

Al, as he was affectionately known, was a superb diagnostician. He could be recognised in clinic in characteristic pose, bending or crouching to peer intently at lesions, then photographing exactly the image required for teaching. His bushy eyebrows, clipped moustache, stiff collars and military-style address could be intimidating initially, but his courtesy, kindness and good humour generated enormous affection as well as respect in patients and all who worked with him. An inspiring and generous teacher, he created a happy department where trainee physicians became converts to dermatology, and amongst frequent international visitors, Herman Pinkus spent a year as visiting professor.

Over the 20 years after he described what became known as Lyell’s Syndrome, his research identified the main causes, drug-induced TEN and Staphylococcal Scalded Skin Syndrome (SSSS), and showed that histology could distinguish them. His collaboration with (now Sir) John Arbuthnott demonstrated that SSSS was toxin-induced, and (simultaneously with others) succeeded in isolating epidermolysis toxin.

He was fascinated by the effects of psychological and emotional factors in dermatology, and made important observations on Delusions of Infestation and self-inflicted disease.