27 patients who presented with pyogenic liver abscess from 1957 to 1984 are analyzed retrospectively and compared with the literature. Diagnosis and start of therapy were frequently delayed because of the unspecificity of symptoms. Symptoms included fever, abdominal pain, weakness, and loss of weight. In 50% of all patients, the abscess was found by chance at laparotomy or autopsy. The most frequent causes of abscess formation were cholestasis due to extrahepatic obstruction and intraabdominal infections. Frequently a predisposing condition such as carcinoma, diabetes mellitus or alcohol abuse was found. The overall mortality was 25%, and was higher in patients with multiple abscesses of the liver (36%) than in patients with solitary abscesses (10%). With the introduction of new imaging procedures (ultrasound, computer tomography), the abscesses can be punctured under view and the antibiotic therapy can be based on bacterial analysis. The causative bacterial organism could be identified by cultures of the abscess fluid and blood in up to 90%. The bacteria identified usually were identical to the intestinal flora. Using specific antibiotic therapy, surgical treatment is often unnecessary and can be reserved for abscesses resistant to conservative treatment and for those due to correction of the original source of abscess formation.