subjective, so it is understandable that bacterial counts continue to have a role in endpoint definitions. Hopefully, the new endpoints[4] will provide a somewhat more representative picture of a novel drug's true efficacy, although it is already clear that this new picture will stay limited to early effects (the primary timepoint remains 5 days after treatment cessation) and will not capture resistance outcomes.

We urgently need new antibiotics with activity against multiresistant Gram-negative organisms, and cefiderocol holds enormous promise. I too am rooting for this cleverly designed drug and will be thrilled when promise is replaced by even more proof.

I declare no competing interests.

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A case of sepsis in a 17th century man from Porto Ercole

We read with interest the Correspondence by Michel Drancourt and colleagues[1] concerning the identification of a case of *Staphilococcus aureus* sepsis in the skeletal remains of an early 17th century man exhumed at Porto Ercole (Italy). These remains have been confidently attributed by Drancourt and colleagues to Michelangelo Merisi, also known as Caravaggio. We wish to point out several inconsistencies in Caravaggio's identification, place of death, and cause of his death.

Caravaggio did not father children, nor did his brother, Giovanni Battista, who was a Catholic priest.[2] Therefore, no contemporary pre-sumed patrilineal descendants of Caravaggio were available for direct Y chromosome comparison.[1,3] No detailed accompanying data were provided, such as DNA typing methods or biostatistics, which might have supported the identification of Caravaggio through the combination of genetic analysis and surname information, including the actual Merisi–Merisio Y-STR haplotype matching that was obtained from skeletal remains.[1,3]

The presence of high levels of lead in the bones of the 17th century skeleton from Porto Ercole does not support the attribution of the remains to Caravaggio either. From antiquity to the Renaissance, exposure to heavy metals (ie, lead, mercury, or arsenic) through dietary intake and medicinal uses has contributed to absorption of these toxins in bones. Exposure to heavy metals also occurred with the use of pewter and other lead-bearing cooking utensils, tableware, and pottery. Similarly, the use of lead water pipes and ingestion of foods and beverages adulterated with lead-based additives contributed to chronic lead poisoning.[4]

Lastly, historical sources indicate that Caravaggio was assaulted and severely disfigured in Naples in late September, 1609, 10 months before his demise.[2,5] After having recovered, he went back to work and, between Oct 20–24, 1609, and July 18, 1610, he painted several masterpieces, including *David and Goliath* (1610).[1] The hypothesis of a secondary sepsis due to superinfection of healed facial wounds appears, therefore, to be unfounded. Finally, both the place of death (Porto Ercole) and the authenticity of the death register[1,3] are still a matter of debate among art historians.[2]

We agree with Drancourt and colleagues that the presence of *S aureus* and the osteomyelitis lesions in the male skeleton exhumed at Porto Ercole might indicate that this man died of sepsis. However, more focused historical and biological research is needed before these remains are unequivocally attributed to Caravaggio.

We declare no competing interests.

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Author's reply

I thank Antonio Perciaccante and colleagues for their comments on our Correspondence[1] reporting on the remains of a man who died from *Staphylococcus aureus* sepsis, who