encephalopathy include the triad of mental status changes, oculomotor dysfunction and gait ataxia. This woman was not alcoholic or obviously malnourished and had no eye findings on exam.

**ATTRIBUTION ERROR**

The assumption that an obese woman would not be nutritionally deficient is a form of attribution error. The stereotype in our mind of an overweight person is one who eats to excess, and therefore we may fail to attribute symptoms to the lack of an essential nutrient. The possibility of a vitamin deficiency was reconsidered after obtaining a detailed dietary history from the patient’s family. After obtaining this information, Dr. Esber and the neurologist systematically reviewed the long list of etiologies for metabolic encephalopathy, winnowing the differential diagnosis by linking it to the peripheral neuropathy and thereby arriving at the diagnosis of thiamine deficiency.

Thiamine deficiency is not reliably diagnosed by laboratory tests, although these can be helpful. The recommendation is to empirically treat any patient suspected of thiamine deficiency, as was done in this case. Improvement in symptoms and signs can occur rapidly and dramatically after administration of the vitamin, as seen in this patient.

During her training at Henry Ford Hospital in Detroit, Dr. Esber cared for many patients with poor nutrition and chronic alcoholism, but she had never seen a case before of thiamine deficiency. “I had to keep digging for the diagnosis,” Dr. Esber told us. “Here, the history was very important.” Her careful attention to the medical history helped her avoid making an attribution error related to the patient’s obesity, and allowed Dr. Esber to arrive at the correct diagnosis and provide essential treatment.

Jerome Groopman, FACP, a hematologist/oncologist and author of the bestselling “How Doctors Think,” and endocrinologist Pamela Hartzband, FACP, are on the Harvard Medical School faculty. They also serve as staff physicians at Boston’s Beth Israel Deaconess Medical Center, where Dr. Hartzband co-directs the internal medicine subinternship program.

**CARTOON CAPTION CONTEST: PUT WORDS IN OUR MOUTH**

*ACP Hospitalist*World has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original and amusing caption.

This issue’s winning cartoon caption was submitted by Zac Erekson, a student member of ACP who began residency training in internal medicine at the University of Iowa in July. He will receive a $50 gift certificate good toward any ACP product, program or service. Readers cast 142 ballots online to choose the winning entry. Thanks to all who voted!

Captions and voting are conducted through *ACP Hospitalist*Week. If you’re not already receiving *ACP Hospitalist*Weekly, contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M-F, 9 a.m. to 5 p.m. EST) or send an e-mail to custserv@acponline.org.

"Odd ... it says here that your co-pay is an arm and a leg."