feet. Nevertheless, it is clear that the values reported in these anthropometric studies correspond closely to our values. This leads us to question a systematic relation between left- and right-foot differences, sex, and handedness.

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References
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Levy and Levy (1) reported that sex and handedness are related to pedal asymmetry, “‘right-handed males having larger right feet and right-handed females having larger left feet. . . .’” The reverse was seen in those who were not right-handed. This finding, if true, would confound traditional neurological tests of trophic limb changes, especially in the contralateral lower extremities, which are known to be altered after infantile brain insult (2).

There are, however, some methodological concerns regarding the rating scale, selection of statistical tests, sample composition, and measurement procedures (3) which cause us to question the validity of their findings. A replication study was performed to correct for these errors.

A sample of 105 individuals, 58 males (24 right-handed and 34 left-handed) and 47 females (25 right-handed and 22 left-handed) were selected. The age range was 17 to 47 (mean age, 19.56 years). A second sample of 20 subjects (9 male, 11 female) was selected to assess day-to-day variability of the measures. The measurements of the subjects’ feet were obtained by tracing the outline of each foot onto a large data-coding sheet. Information regarding age, sex, hand preference, and family history of sinistrality was collected. The raw data were analyzed with the chi-square statistic. The data were then transformed to replicate the Levy and Levy seven-point scale and were analyzed with the Kruskal-Wallis statistic. No differences were found in the direction of foot-size differences (asymmetry) of either males or females, dextrals or sinistrals, with or without a family history of sinistrality, for either foot length or width. In fact, the directional frequency of pedal asymmetry across subjects was notably absent (that is, no laterality effect). Contrary to the Levy and Levy findings, when a pedal asymmetry did occur, the number of individuals with longer left feet was virtually equivalent to the number with longer right feet, regardless of sex or hand preference. Moreover, the measurement of foot width revealed an equal distribution of pedal asymmetries (4).

Before discounting the Levy and Levy findings, the issue of measurement error was addressed. To explore between-subject variability, the observed means and standard deviations of foot length and width were compared with, and found to closely parallel, those previously reported when the Brannock Foot Measuring Device was used (5). Thus, there was little reason to suspect that tracing was any less accurate a method of assessing foot size. Statistical checks were made for within-subject variability of the measures, through the use of a pooled variance of repeated measures; day-to-day variability was also assessed with a repeated-measures analysis of variance design. No differences were observed with respect to foot length. A slight day-to-day variability was noted in the repeated-measures analysis of right-foot width (6). Widths increased over days. This result may merely reflect a statistical artifact or may suggest that foot width is more susceptible to environmental factors (temperature, type of shoe worn, and so forth). The average difference in foot length (7) closely paralleled that found in the Levy and Levy study (8).

These findings reduce the likelihood that the lack of significant findings was a result of measurement error. Tracing thus seems to be a reliable and valid method of assessing foot size. Using it, we were unable to replicate any of the Levy and Levy results regarding the direction of pedal asymmetries within an adult sample.

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References and Notes
3. Levy and Levy devised a rating scale based largely on subjective measurements. They then used a t-test to analyze half their data, selecting this test over chi-square because of an insufficient number of non-right-handed subjects. Herein they violated major statistical assumptions. Parametric tests require adequate sample size and interval data, both of which were absent in their data for sinistrals. Their sample was composed of both children and adults, without separate tests for age by sex effects. This procedure left ambiguous whether the sex differences in pedal asymmetries were an artifact of age, especially in view of their incidental report of larger asymmetries in children.
4. For males, 28 had wider left feet, 23 had wider right feet, and 12 showed no difference. For females, 19 had wider right feet, 18 had wider left feet, and 10 showed no difference.
6. F(3) = 3.16, P < .05.
7. The average difference was 3.5 mm ± 0.35 for males and ± 0.24 for females.
8. Levy and Levy reported that the average difference in foot size was typically less than half a shoe size. This is equivalent to approximately 5 mm.
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In contrast to our findings (1) that right-handed females had larger left feet and right-handed males, larger right feet, with the reverse obtaining for non-right-handed individuals, Mascie-Taylor et al., using standard anthropometric techniques, found that all groups except right-handed females had larger left feet. As they note, their data went in the opposite direction from ours and confirm with a number of reports that the left foot is larger than the right. Peters et al., measuring foot length from heel to the end of the longest toe with subjects seated and the foot placed flat, found no asymmetries of foot length for any group, disconfirming our observations as well as those of Mascie-Taylor et al. Although the distributions were nonsignificant, they found a preponderance of right-handed males with larger right feet and more non-right-handed males with larger left feet, the data for right-handers tending in the same direction as ours and in the opposite direction from that of Mascie-Taylor et al. Finally, Yanowitz et al. assessed foot size by tracing around the foot and compared asymmetries between groups for both length and width. No asymmetries appeared for any group, confirming Peters et al.

The different measurement techniques may have yielded assessments of different aspects of foot size. We measured the distance from the heel to the end of the big toe, rather than to the end of the longest toe. Of possibly more significance, in the Mascie-Taylor et al. measurements, no pressure was put on the feet, and it can be assumed that static
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