
HISTORIC PRESERVATION REVIEW BOARD

Historic Landmark Case No. 10-21

Arthur and May Baker House
1767 Lanier Place, NW
Square 2583, Lot 836

Meeting Date: October 25, 2012
Applicant: The D.C. Preservation League
Affected ANC: 1C
Staff Reviewer: Tim Dennee

After careful consideration, the Historic Preservation Office recommends that the Board not designate the Arthur and May Baker House, 1767 Lanier Place, NW, a historic landmark to be entered in the D.C. Inventory of Historic Sites. The staff further recommends that the nomination not be forwarded to the National Register of Historic Places with a recommendation for listing.

Background

The new neighborhood of Lanier Heights was platted in 1883, and several houses were under construction within the first year. The first *brick* home, built for watchman Edward J. Anderson on what was then Lanier Avenue, was certainly among the first six or seven houses erected (although the earliest building then standing within the suburb's boundaries probably predated any notion of the subdivision). Anderson may have seen the construction as a strictly speculative venture, as he moved to 12th Street NE within a few years. Although his home was of masonry, it was among the smaller residences in the area and, as suggested by its cost compared to its frame neighbors, probably not as finely finished.

In 1899, the former Anderson house was purchased by the Baker family, ultimately the owner-occupants of longest tenure. Arthur B. and May D. Baker married in 1887 or 1888, a few years prior to May's entry into medical school. Arthur was a property clerk for the National Zoological Park and would later be promoted to the position of assistant superintendent (and temporarily, acting director). In 1910, he was named director of a new Boston zoo, a position from which he withdrew from in 1913, unsatisfied with the level of the city government's support. May Baker was admitted in 1892 to a special class of eight women training to be physicians at the Columbian College (now the George Washington University). After three years, however, the class was disbanded, and the remaining students transferred to Howard University for a final year and their degrees. Dr. Baker began her practice the next year and apparently specialized in pediatrics. She worked from home for much of her long career, ultimately constructing a multiple-bay garage large enough to serve the needs of her family, the occasional boarders, and visiting patients.

In 1912, prompted by the re-grading of the Lanier Place roadway, the Bakers undertook a \$2,000 renovation of their house. And it was very much a renovation, as the floors of the main block were raised more than four feet to compensate for the higher grade, creating split levels between the main block and rear wing; the windows were altered to correspond; a hipped and dormered roof was added to provide headroom in an attic story; the two-story rear ell became a three-story one with the addition of a sleeping porch, later enclosed; the front porch was removed to the rear (to be replaced later with an addition) and replaced by a smaller portico; the recessed entry was brought forward and flush with the rest of the façade; and the main block was clad in stucco to conceal the evidence of the alterations. The Victorian house was made over in the Colonial Revival style, with modest neoclassical detail, to keep up with the fashionable new construction in the neighborhood. The Bakers had added a gabled, one-story addition at rear several years before and replaced a carriage house with a four-and-a-half-bay garage three years later.

Arthur Baker died in 1930, but was remembered for his vast knowledge of fauna. May Baker continued to practice until her mid 80s, moving from the house during the family's Boston sojourn and the World Wars, finally remaining in Pennsylvania from 1943 until her death in 1955. A *Washington Post* obituary lauded her as a "pioneer" woman doctor, among the first to practice in the District of Columbia.

Evaluation

The nomination's argument for the significance of the Baker House rests principally on the house's status as the oldest extant building in the neighborhood, representing the initial suburban development pattern of detached homes on sizable lots. It is undoubtedly the only building remaining of those that appear, say, in the 1887 Hopkins atlas, and today remains detached, despite its nearly touching the row to the south.

As the District of Columbia's designation criteria acknowledge the significance of properties that represent patterns of the District's growth, change, planning and design, the Board has, in past designations, often accepted the significance of a potential landmark within the context of its neighborhood, as perhaps the earliest building, or the first or best of a type, or counted among the few public buildings, such as firehouses or schools, that served as central visual landmarks and provided essential services. Such properties may represent the development of the District in microcosm or as uniquely or specifically manifested in one of its constituent parts. Considering its historic significance alone, the Baker House would qualify as a landmark in this sense—but only if it were more truly representative of that earliest period of Lanier Heights.

As the nomination details, the original house was dramatically altered during the tenure of the Bakers. In addition to historic importance, a landmark property must also possess historic physical integrity sufficient to "convey, represent or contain the values and qualities for which they are judged significant." In this case, to represent the founding era of Lanier Heights, the building would have to retain enough of the character of a suburban Victorian residence. The National Register of Historic Places recognizes and evaluates a property's integrity through seven aspects or qualities: location, design, setting, materials, workmanship, feeling and association. The Baker House is certainly in its original location. And although the surrounding area has changed greatly, it retains the extent of its original lot, with its immediate setting only slightly altered with later site improvements such as construction of the rear garage. It remains a

detached house—one essential characteristic that contributes to its integrity of feeling or association—and it is among a small minority of residences in the neighborhood that are freestanding. Yet there are others—more recent, yes—that are detached, and several that were built as individual homes, yet in an abutting situation.

It is the remainder of the aspects of integrity that are especially problematic for the property. For good reason now named the Baker House, the structure's present appearance is most attributable to the Baker family's alterations and more characteristic of the decades following the renovation of 1912 than it is of the late nineteenth century. The nomination argues for it representing both the Victorian house it once was *and* the Colonial Revival house it became—the latter in emulation of newer, more fashionable buildings surrounding it. But the qualities of both periods suffer for the transition or combination. As a design, the Victorian residence is nearly unrecognizable, with changes to fundamental features of the original design as height, massing, roof form, most openings, the façade material, plus the replacement of a front porch with a smaller portico, the construction and alteration of additions, and the attendant loss of original materials and workmanship occasioned by all these changes plus the internal and external restructuring. These would have been impermissible changes to an already landmarked property, constituting in the aggregate a very serious loss of character-defining features, resulting in a loss of the feeling of and association with the Victorian origins of Lanier Heights.

Yet, the alterations, comprehensive though they were, were insufficient to create an exemplary Colonial Revival residence. This is understandable given the constraints posed by the underlying building and the substantial cost of having to undertake so much structural work. Inside and out, the main block and the rear wing do not relate to each other seamlessly. The floors and windows and roofs do not align, the rear wing and its addition are offset¹, the roofs are of different heights and forms. The material change to the exterior of the main block is limited and skin-deep; the remainder of the building reveals the history of alterations. The 1912 cornice is suitably heavy for a Georgian Revival house, but not as compatible with the accompanying attempts at more delicate neoclassical detail. The arches of the dormer fanlight and of the portico roof are flat and leave awkward gables above. The windows' jack arches appear tacked on, as they must be to project beyond the layer of stucco. In short, the house does not neatly embody or represent a type, as D.C. designation criterion D ("Architecture and Urbanism") suggests it should. Whatever level of workmanship the alterations represent, it is not very significant in itself, and the changes obscured or removed the design and workmanship of the original. Architecturally, the house represents something that is neither/nor or at least a bit of both. Area Colonial Revival homes that the 1912 renovation sought to imitate are better examples of the style at its peak of popularity and academic application. In short, the original house designed by John Degges was neither sufficiently retained nor sufficiently replaced to exemplify either era. Historic preservation philosophy accepts the idea that subsequent alterations may take on their own significance, but we must still search for a source for that significance.

While now better representing its early twentieth-century appearance than the nineteenth, there may be an argument for the Baker House's historical significance during this later era, and a significance that outweighs its strictly architectural value. Although not associated with known,

¹ An asymmetry that would probably be more understandable in a rambling, Victorian house, but less sympathetic to a Colonial Revival makeover that sought a rough symmetry.

important events, there does seem to be evidence of the significance of its owners, those responsible for the 1912 renovation. The nomination provides a fair amount of background and supported information about them, fairly implying that their story contributes to the significance of the property, but not explicitly citing such significance as the basis for meeting one of the criteria. It does not contain a great deal of information about Arthur Baker's background (including whether he was formally educated as a zoologist or was an autodidact), but the fact that he was a National Zoo official does tie into one theme of the development of Lanier Heights, namely that, because of its proximity, the suburb lured a number of Smithsonian employees, who formed something of their own social and literary society. And the fact that he was an able administrator, a researcher of mammals in particular, and a prolific collector of specimens does not raise his home to a high enough level of significance for landmark designation without evidence of important contributions. On the other hand, it is clear that his wife, May, was among the early female physicians in the District of Columbia.

Women's history is still inadequately represented in local historiography, and even more so in the designations of historic sites. While perhaps it is understandable that more sites have been landmarked (or marked) for associations with female educators and artists, women in other professions have been under-represented. Further exploring women's entry into and influence upon the medical profession, nationally and locally, would be valuable. Dr. Baker's career surely deserves additional research. There appears to be sufficient evidence that her home was the principal location of her practice through much of her long career. On her return from Boston in 1913, she joined the new Women's Medical Society of the District of Columbia and was elected its secretary-treasurer by 1926. Also a member of the American Medical Association and the District of Columbia Medical Society, she represented and led members of the medical profession in a 1913 women's suffrage parade. At the same time, Dr. Baker was one of perhaps a dozen physicians who founded a Woman's Evening Clinic, "where white wage-earning women and girls could go without loss of time from work and receive medical attention for a fee they were able to pay," also establishing an out-patient maternity practice. This for-women-by-women clinic continued operation until at least the mid 1920s, and Dr. Baker was in charge of the branch that addressed children's hygiene and children's diseases, attending patients on Wednesday and Saturday afternoons for several years. In 1918, she was one of the doctors appointed to examine infants on behalf of the Child Welfare Committee and the District of Columbia Medical Society.

The nomination does not provide sufficient context to understand the importance of Dr. Baker's contributions or her position in the medical field. Of course, the Historic Preservation Review Board designates *properties*, and not the nominations themselves, so this is no fatal flaw, but neither can the staff presently provide enough research to definitively answer the question. The first American medical degrees were conferred on women in 1849 (Elizabeth Blackwell) and 1851 (Sarah Adamson Dolley). The first medical college for women was founded in Pennsylvania about the same time, and the Women's Medical College of the New York Infirmary began graduating small classes in 1870, and a dozen years later, newspaper accounts dared discuss "old prejudices" beginning to give way. A New England Hospital for Women and Children was established during the Civil War. Rebecca Davis Lee Crumpler was the first African-American woman to earn a degree in medicine, in 1864. Washington's Howard University graduated its first female doctor in 1872, and its first African-American woman

physician five years later. Its medical school's first female professor, Dr. Isabel Barrows, taught during the years 1870-1873. Columbian University (i.e., the George Washington University) Medical School enrolled its first female student in 1884, preceding Dr. Baker by about eight years. Dr. Hannah Longshore, a prominent Montgomery County native, was educated here and was in practice well before the turn of the twentieth century. In 1905, Dr. Mary O'Malley was the first woman physician to be appointed to the staff of Saint Elizabeths Hospital, supervising female patients and performing surgery. Dr. Isabel Haslup Lamb, one of Dr. Baker's classmates and a co-founder of the Women's Clinic, served as the medical inspector of the D.C. public schools.²

This list of "firsts" is not intended to diminish the contributions of Dr. May Baker, either in private practice or in her philanthropic contributions staffing the Woman's Evening Clinic or leading women's medical societies. It suggests only that many "firsts" are known, but a lot of the detail needed to fill out the history of women in medicine and other professions in Washington is still lacking. There is a period of about 45 years of degreed and licensed women physicians in the U.S. prior to Dr. Baker. Especially as they relate to female doctors in Washington, many questions arise, such as: How early? How many? What obstacles overcome? What specific roles and contributions? What firsts and innovations? What influence on the practice of medicine? What degree of organization and labor struggle? What position in society? How did female advancement compare with racial advancement? What comparison or cooperation with women in other professions? How did the physicians' community service tie into the Progressive movement of the early twentieth century? There would surely be other, and perhaps more significant, places to recognize women physicians. But the immediate question is whether Dr. Baker's career and community service merits landmark designation for her longtime home and office. Based on the available evidence, the staff frankly cannot answer definitively either way, and therefore cannot recommend designation.

This is not to dismiss the property as having no significance or to suggest what future the property ought to have. The conclusion is based solely on the application of the Board's and the National Register's designation criteria, including the crucial criterion of integrity. There is no question that, based on its age, history and architecture, the property would contribute to the character of a Lanier Heights historic district, but on the basis of what is now known, it simply does not rise to the standard of a landmark. A sufficient claim might be made, but such a claim has not been proven.

² And she was the first woman in the city to obtain a driver's license.