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C-4, or composition 4, is one of the plastic explosives. The basic idea of plastic burst material, also called plastic bound explosive material (PBX), is to combine explosive chemicals with plastic binders. The binder has two important jobs: It ignites explosives, so it is less sensitive to shock and heat. This makes it rather safe to control the explosives. It makes the explosive material very malleable. You can shape it into different shapes to change the direction of the explosion. The explosive material in C-4 is cyclotrimethylene-trinitramine (C3H6N6O6), which is usually called RDX (meaning royal break-in material or explosion investigation development). The exative material consists of polyisobutylene, a binder, and in (2-ethylhexyl) sebacate, a plasticizer (the element that makes malleable material). It also contains a small amount of motor oil and approximately 2, 3-dimethyl-2, 3-dinitrobutane (DMDNB), which serves as a chemical marker for the safety forces. Advertising To make block C-4, the manufacturer of the explosive material takes RDX in powder form and mix it with water to form a pulp. They then add the binder, disperse in a solvent, and mix the ingredients with a pengagrir. They secrete solvents through distillation, and remove water through drying and screening. The result is a rather stable burst material, a pepejal with a similar consistency to modeling clay. Just like other explosives, you need to apply some energy for C-4 to initiate chemical response. Because of the stabilizing elements, it took a big surprise to complete this reaction; lighting the C-4 with resistance will only make it burn slowly, like a piece of wood (n Vietnam, the army actually burned the C-4 as a repaired cooking fire). Even shooting an explosion with a rifle won't trigger a reaction. Just a detonator, or an explosive cap will do the job right. Detonators are just smaller bursts that are rather easy to turn off. Electrical detonators, for example, use a compact charges to assign small amounts of explosive material. When a person triggers a detonator (by sending a charge through the detonator chord to the detonator cap, for example), the explosion uses a powerful shock that triggers the C-4 detonation material. When the chemical response begins, C-4 accompanies to release various gases (especially, nitrogen and carbon oxides). The gas initially developed at about 26,400 feet (8,050 meters momentarily), using a large amount of power for everything in the surrounding area. At this rate of development, it is impossible to wipe out explosions as they do in dozens of action files. To the observer, the explosion is almost and-equal -- one everything is normal, and in turn it is completely destroyed. The explosion actually had two phases. Early expansion violates most of the damage. It is also Very low pressure areas around the original blast -- the gas moved out so quickly that they sucked most of the gas out of the middle of the blast. After the outer blast, gas rushed back into a partial vacuum, creating a second, less damaging energy wave. A small number of C-4 packs of punch are pretty big. Less than a pound C-4 could potentially kill several people, and some military issues of the M112 C-4 block, weighing about 1.25 pounds (half a kilogram) each, potentially demolishing a lorry. Demolition experts typically use a good amount of C-4 to do the job properly. To take an 8-inch (20.3-centimetre) square steel beam, for example, they will likely use 8 to 10 pounds (3.6 to 4.5 kilograms) of C-4. People use C-4 explosive power towards all kinds of destruction. One common application is military demolition -- soldiers pack them into cracks and loops to blow up heavy walls. It has also been widely used as an anti-personnel weapon, in combat and in terrorist attacks. In Vietnam, for example, soldiers used several C-4-based grenades and grenades. A significant weapon, a claymore mine, consists of a C-4 block with some emboldened ball bearings. When the C-4 had exploded, the ball bearing became deadly (this sort of weapon was also featured in the Swordfish film). Unfortunately, the C-4 will continue to make headlines for many years to come. Because of the stability and destruction of sheep, the C-4 has attracted the attention of terrorists and guerrilla fighters around the world. A small amount of C-4 can do a lot of damage, and it's quite easy to smuggle over explosive past light security forces. The US military is the lead manufacturer of the C-4, and it strictly takes care of its supply, but there are a number of other resources for the same explosives (including Iran, which has a history of conflict with the United States). As long as it is easily accessible, the C-4 will continue to be a major weapon in terrorist weapons. For more information about C-4 and other explosives, see the link on the next page. For C or Not to C From the WebMD Archive March 5, 2001 -- When Cheryl went into labour with her first child, it all seemed to be going well. But things changed when the baby went down the birth canal at an odd angle, and began to show signs of distress. His head was crowned, but they couldn't get out, Cheryl recalls. The solution? Emergency cesarean section. Luckily, both Cheryl and her baby emerged from a healthy experience. But even with the joy of new children, she admits she still has a sense of loss. It was like my body had failed me. So when Sudbury, Mass., pregnant mother with her second child, she risks and benefits of trying to deliver these children vaginally. Her doctor said that, based on her medical history, Cheryl (she asked his last name unused) is a good candidate to try labor. The possibility that Cheryl again needs a c-section could not be deleted, but she was willing to try. It was very important to me, he said. I wanted to give my body a chance to do what it was designed to do. For decades, the old adage once cesarean, always cesarean was pretty much accepted as a medical fact, and those who had previously given birth in such fashion were routinely scheduled for elective c-sections when delivering subsequent children. Then in the 1980s, women, doctors, and insurance companies began to question the legitimacy of the practice. Soon, an increase in the number of women began to choose vaginal births after cesarean (VBAC). But as elective c-section falls out of favor and more women try VBAC, complications such as uterine bursts -- where the uterus tears at the previous scarlet point under contraction pressure -- begins to surface. Again, doctors and patients questioned whether VBAC was a safe option. But a recent study of 15 previous studies, done over the last decade, suggests that low-risk mothers should not be so much on the decision. The review, published in the November 2000 issue of the American Journal of Obstetrics and Gynecology, was driven by growing controversy over questions we believe is resolved, said Ellen Mozurkewich, MD, a fellow at the Mother-Fetal Medicine Division at the University of Michigan Health System, and co-author of the analysis. There seems to be significant benefits to mothers from labor trials, Mozurkewich told WebMD. But there may also be a small and increased risk to the baby. In the survey, University of Michigan and University of Toronto researchers looked back at data documenting the results of nearly 48,000 women who had babies after the previous c-section. While the rate of uterine breakups is twice as high in women trying to VBAC, the review suggests that overall, the risk is low -- about four in 1,000 (0.4%) Labour trial resulted in uterine rupture vs. two in 1,000 (0.2%) for elective repeat cesarean. Yet if a uterine breakup occurs, it can be a disaster -- the baby must be sent by emergency c-section within about 18 minutes to prevent nerve damage or even death. The study also showed that, although the relative risk was not as high as that for uterine bursts, there was an increased risk of fetal death for labor group trials (about six cases in 1,000 or 0.6%) vs. those who get elective repeat cesarean (about three in 1,000 or 0.3%). Due to this risk, women can choose elective c-section, safer. Doctors can talk women out of the VBAC when they mention the risk of rupture of the uterus. The risks need to be presented in context, says Jean C. Hundley, MD, of WomenKind Ob/Gyn Ob/Gyn at Mercy Hospital in Baltimore. Elective cesarean delivery is not risk-free either. It's a major surgery. Complications related to the use of anesthesia, infection, accidental perforations of other structures such as intestines or bladder, and uncontrolled blood loss due to the separation of uterine arteries are all possibilities with elective cesareans. As the study shows, women considered to be in low-risk groups had a success rate of 60% to 80% with VBAC, said Michael D. Randell, MD, FACOG, obstetrician and gynaecologist at Northside Hospital in Atlanta. If a woman has her initial cesarean because of a one-off problem -- such as a baby position (first leg, for example), or previa placenta (where placenta prevents the cervical opening) -- chances are she has a successful VBAC is good. But the VBAC is not for everyone, Randell warns. If a woman has a very narrow pelvis, any medical or obstetric complications that prevent vaginal transmission, or have a classic c-section where the uterus has been cut and down vs. side to side (note that the direction of scars on the skin does not accurately predict which on the uterus, and the revision of the operating report is very ad, VBAC is not recommended. Ultimately, the decision is based on weighing risks and benefits, Randell said, and each case is unique. Women who assume VBAC must also acknowledge the possibility that even labor trials, they may need to have another cesarean. For these women, Mozurkewich says recovery may take longer and is associated with a higher risk of infection and other complications than with elective C. If he has a baby vagina, his recovery will be shorter, but if he has a failed labor attempt, he will face the recovery of both labor and cesarean. Just as a woman has the right to choose VBAC if it's appropriate from a medical standpoint, she also has the right to reject it, randell said. Some women are simply uncomfortable with the risk, says Randell. Others prefer to schedule baby arrivals, fear of giving birth to a vagina, or having a previous c-section and want to go with the known. Likewise, if a woman is not a good candidate for the VBAC, her doctor can refuse. The goal is to have a healthy baby and safe delivery, by any method, Hundley said. That's most important. When Cheryl went into labour with her second child, the thoughts crossed her mind that she might still need another cesarean. But after a short labor and 45 minutes of refuse, her daughter was born vaginally without any problems. I would recommend VBAC to anyone who wants He said. I'll pick it again in a minute. Michee Bloomquist is a freelance writer based in Brush Prairie, Wash. He was born by elective c-section, in the days before VBAC. © WebMD 2001, Inc. 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